

Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

MARYLAND

Died at ^{Town} Emmitsburg ^{County} Frederick

Date of death 1908 ^{Month} 7 ^{Day} 11 Age ^{Years} 49 ^{Months} 2 ^{Days} 9

Sex Female Color or Race Colored Birth-place Md

Occupation Housewife Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name William Richardson Father's Birthplace Md

Mother's Maiden Name Ann Banie Mother's Birthplace Don't know

Name of person giving information Geo. Shey How related to deceased Husband

CAUSES OF DEATH

(13)

Primary Cholera Morbus How long 3 hours

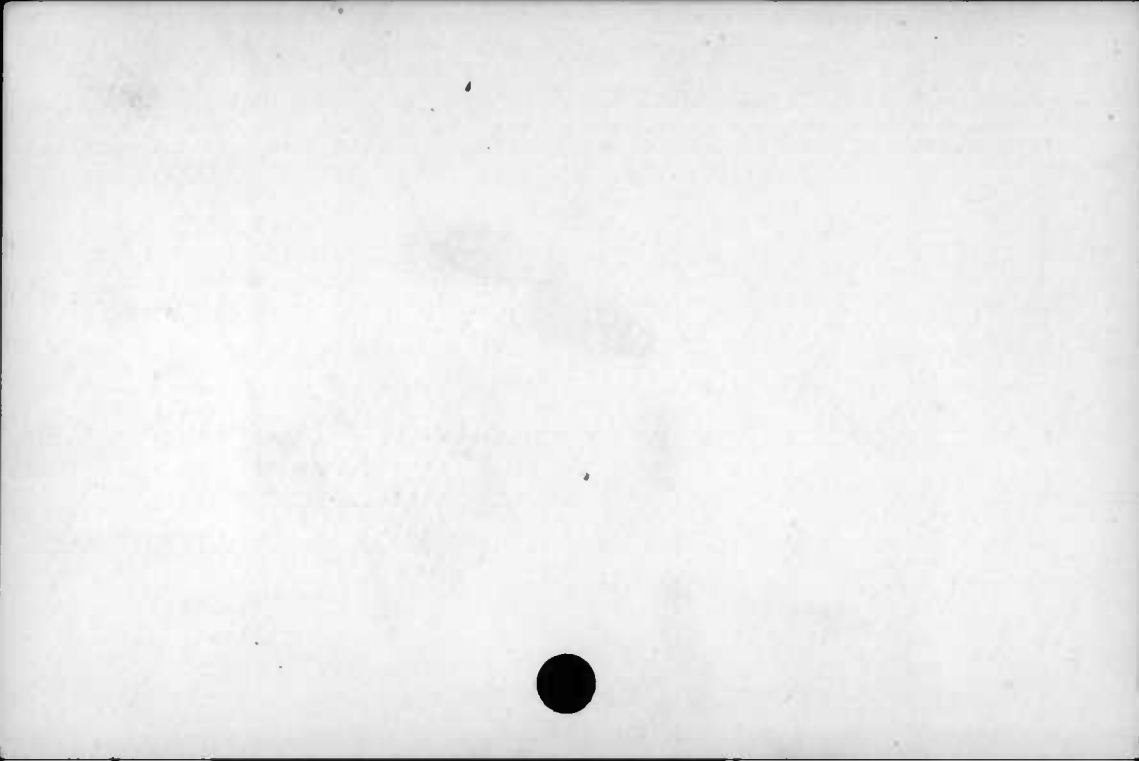
Immediate Heart Failure - How long

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Address

Ch. H. Stone
Emmitsburg Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Still birth. Beatty

Town Braamswest County Frederick MARYLAND

Died at 13 Braamswest

Date of death 1908 July 27 Age Years Months Days

Sex male Color or Race white Birth-place Md

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name William Alfred Beatty Father's Birthplace Md

Mother's Maiden Name Emma Lois Chambers Mother's Birthplace W. Va

Name of person giving information Emma Lois Chambers How related to deceased Mother

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Still birth, died How long

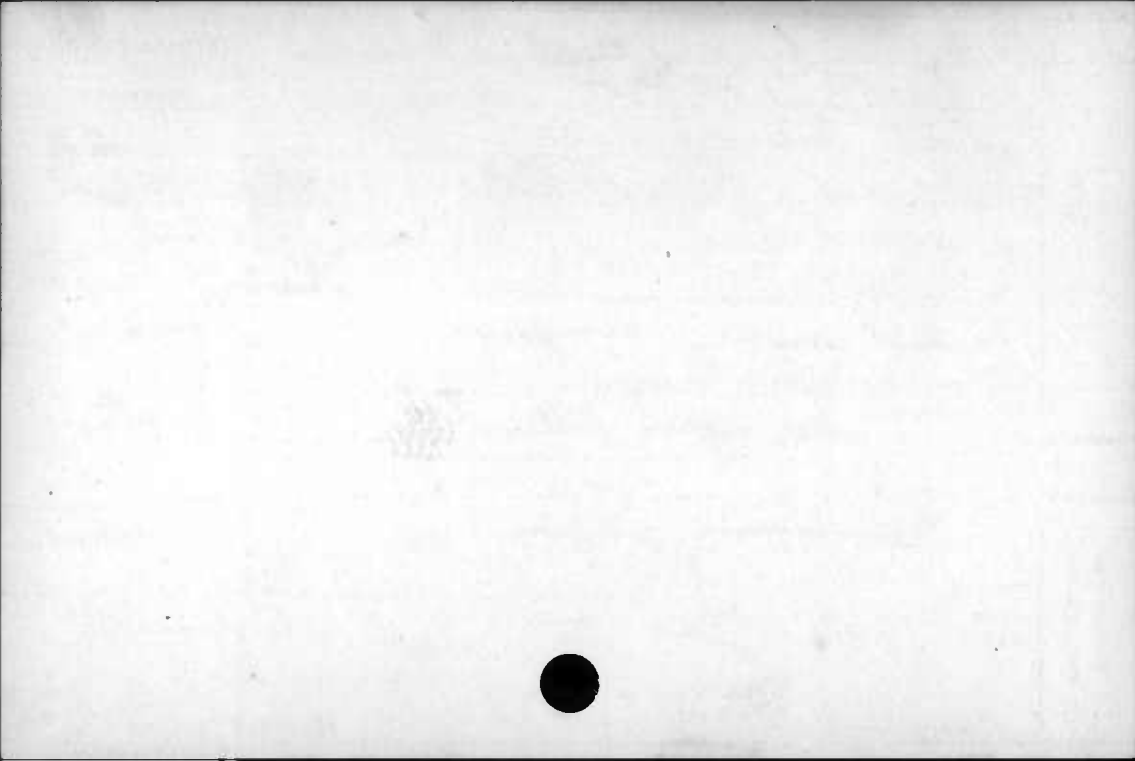
Immediate several days before birth How long

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician Levin West

Address 13 Braamswest Frederick Co

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

Offa Catherine Bell
Town *Thurmont* County *Baltimore*

MARYLAND

Died at *Thurmont*
Date of death *1905* Month *July* Day *14* Age *38* Years Months *11* Days *22*

Sex *Female* Color or Race *White* Birth-place *Thurmont Md*

Occupation *Seamstress* Where Residing if not at place of death *In Baltimore*

Married, Single or Widowed *Married* Name of ~~Wife~~ Husband *Charles C Bell*

Father's Name *Emmanuel Dinger* Father's Birthplace *Maryland*

Mother's Maiden Name *Sarah Rask* Mother's Birthplace *Thurmont Md*

Name of person giving information *Mrs Alfred Miller* How related to deceased *Sister*

CAUSES OF DEATH

27

Primary *Pulmonary Tuberculosis* How long *1.8 months*

Immediate *11* How long *11*

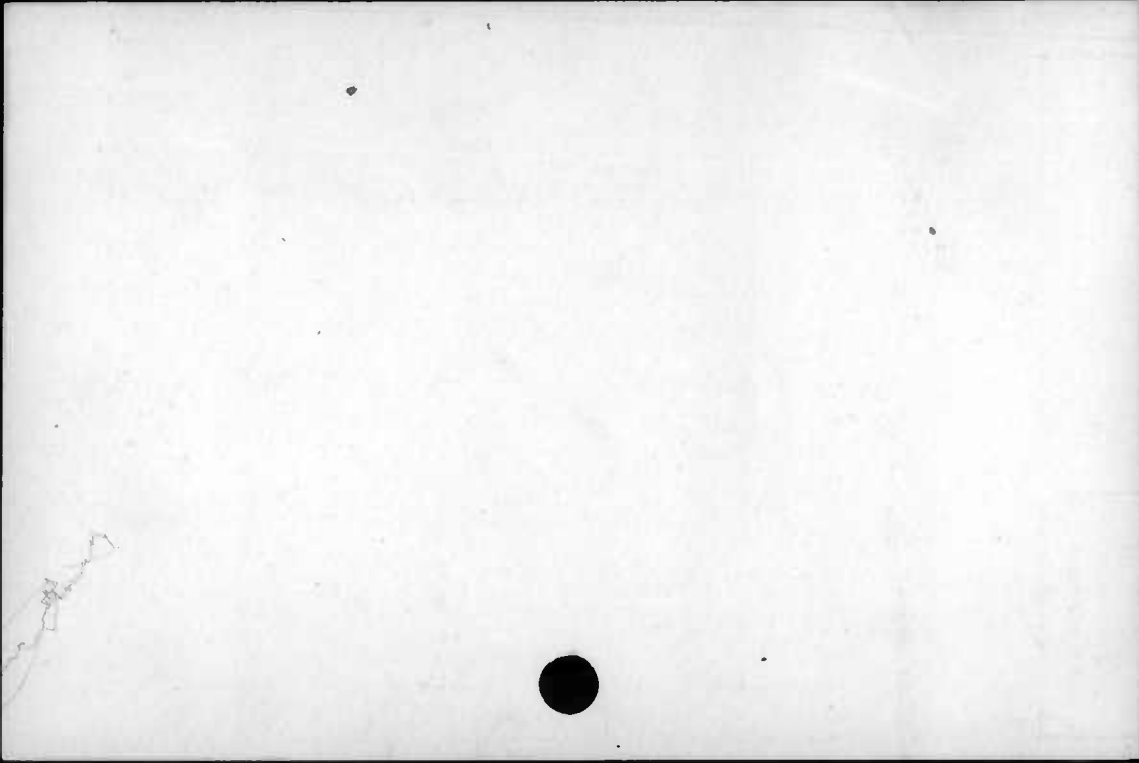
Are the name, age, sex, color, date and place correctly given above? *Yes* Signature of Physician *E. C. K. Fawcett*

Address *Thurmont Maryland*

Accident or Suicide? *No*

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
Full

Sarah C. Bell

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Lime Kiln		County Frederick		MARYLAND	
Date of death		1908	Month 7	Day 21	Age —	Years —	Months 11
Sex Female		Color or Race Black		Birth- place Lime Kiln		Days 29	
Occupation — — —				Where Residing if not at place of death Same			
Married, Single or Widowed Single		Name of Wife or Husband — — — — —					
Father's Name Eldridge Manley (?)		Father's Birthplace Fredds Co Md					
Mother's Maiden Name Virgie Bell		Mother's Birthplace " " "					
Name of person giving Information Virgie Bell		How related to deceased Mother					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	How long
Immediate	How long
Cholera Infantum	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician
yes	None in attendance
Address	
Accident or Suicide	

over

Interment July 22 - 08

" at Hope Hill, Cemetery.

Family in charge.

Name
in
Full

CERTIFICATE OF DEATH

James Valentine Booz

Town

Clemsonville

County

Fondrenck

MARYLAND

Died at

Date

1908

Month

July

Day

6

Age

Years

57

Months

0

Days

5

Sex

Female

Color or
Race

Colored

Birth-
place

Fondrenck co

Occupation

Servant

Where Residing if not
at place of deathMarried, Single
or Widowed

Married

Name of ~~Wife~~
Husband

William Booz

Father's
Name

Unknown

Father's
Birthplace

Unknown

Mother's
Maiden Name

Lizzie Valentine

Mother's
Birthplace

Unknown

Name of person giving
In formation

William Booz

How related
to deceased

Husband

CAUSES OF DEATH

81

Primary

Arterio Sclerosis

How long

4 or 5 years

Immediate

Apoplexy

How long

24 hours

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

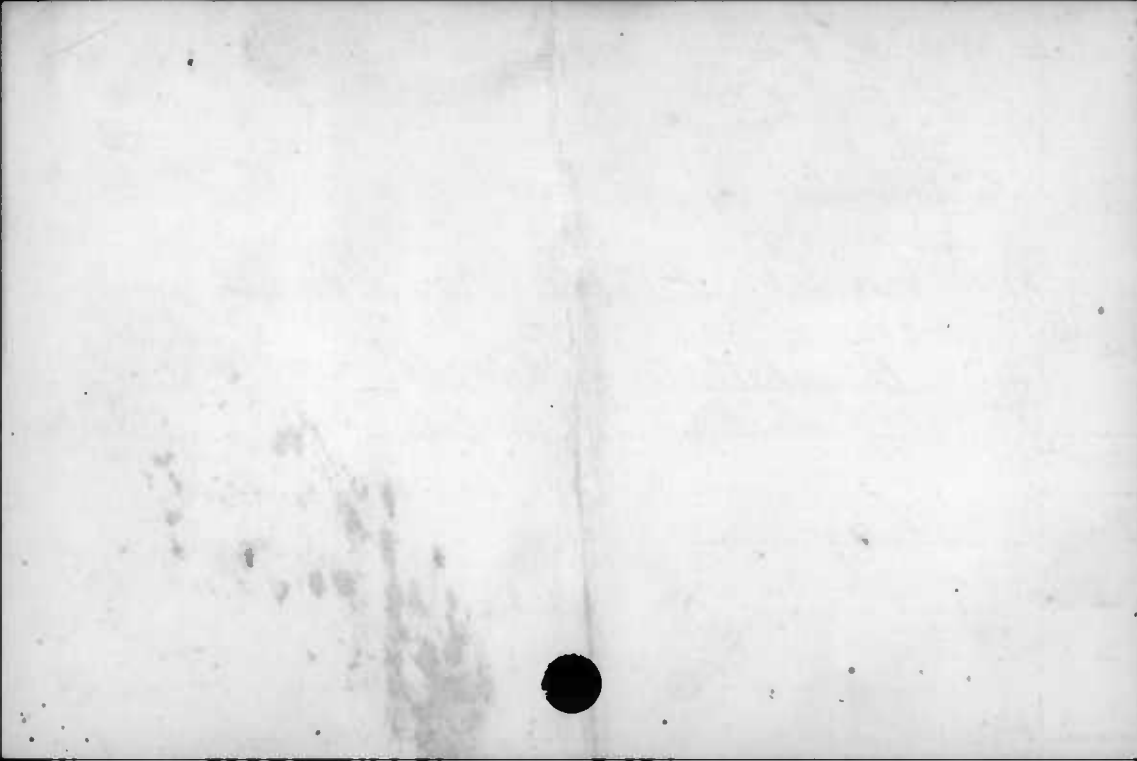
H. B. Stone

Address

Liberty Town
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

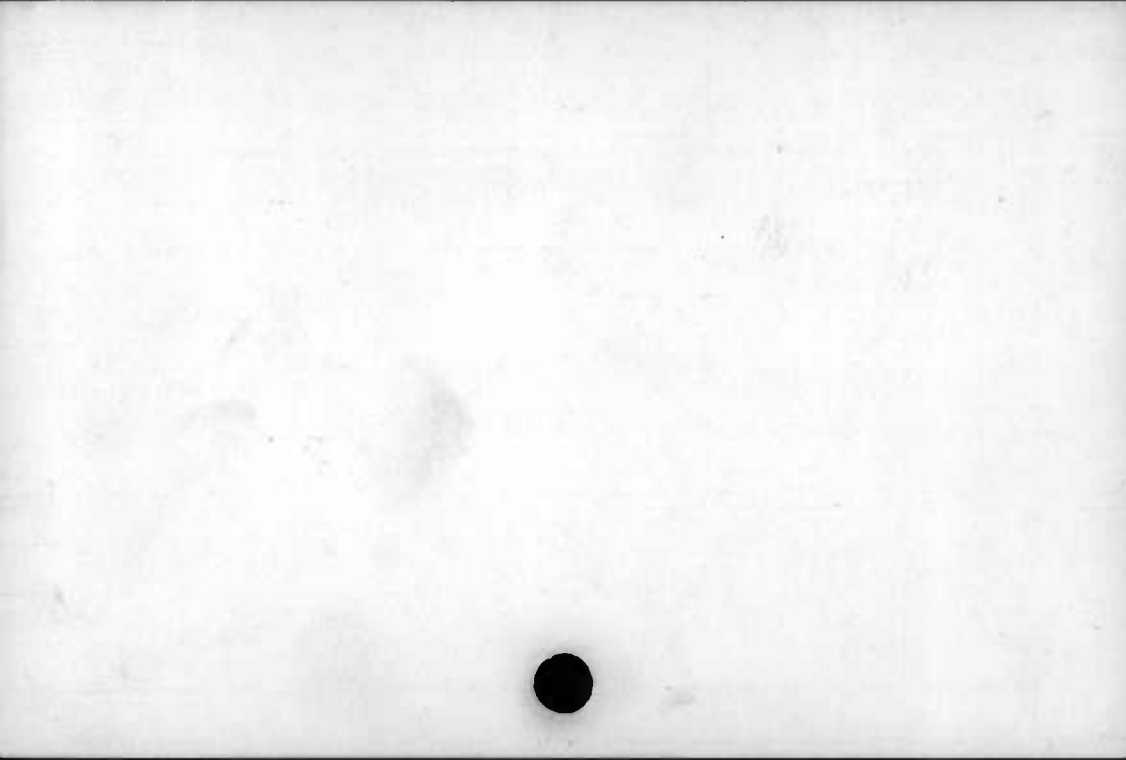
Died at <i>Broad Run</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death <i>1908</i> ^{Month} <i>July</i> ^{Day} <i>30</i>		Age <i>61</i> ^{Years}		<i>0</i> ^{Months} <i>30</i> ^{Days}	
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Fred. Co.</i>	
Occupation <i>Housewife</i>		Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Lewis H. Bowlus</i>			
Father's Name <i>Henry H. Biser</i>		Father's Birthplace <i>Fred. Co.</i>			
Mother's Maiden Name <i>Elizabeth A. Blagett</i>		Mother's Birthplace <i>Fred. Co.</i>			
Name of person giving information <i>Lewis H. Bowlus</i>		How related to deceased <i>Husband</i>			

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Baran chymatous Nephritis</i>	How long
Immediate <i>Anemia</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>J. A. Poole, M.D.</i>
	Address <i>Burkittsville</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

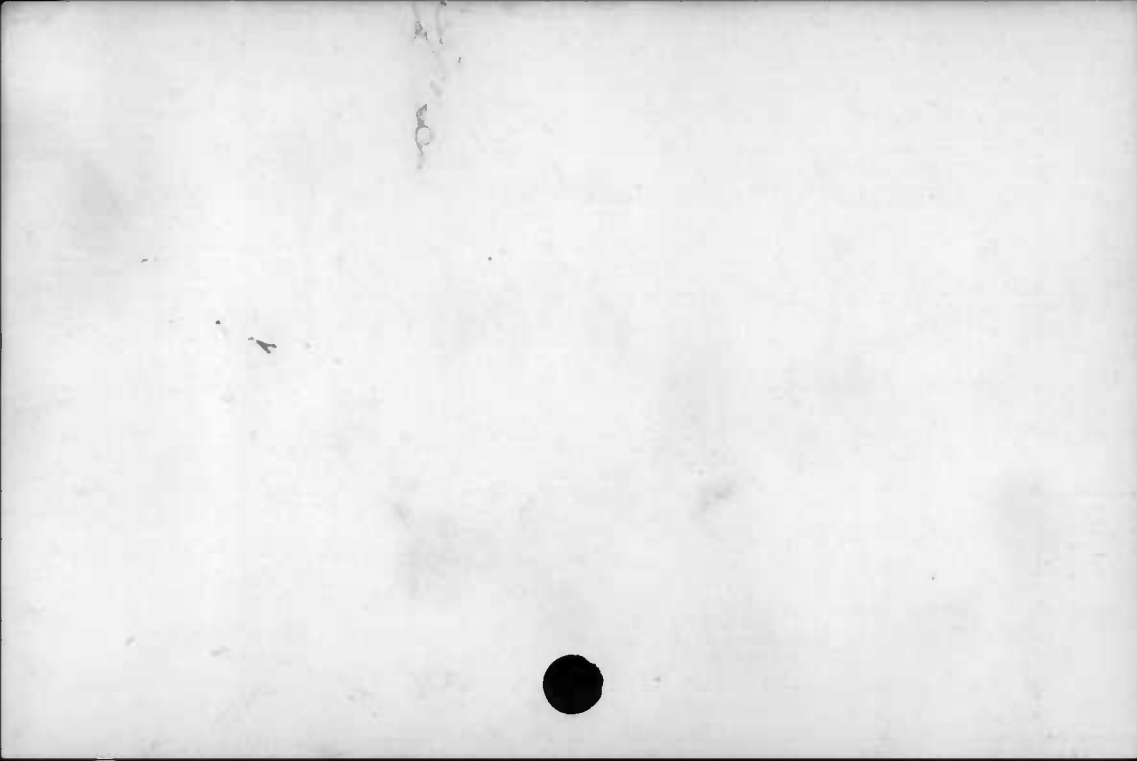
Died at <i>Petersville</i> ^{Town}		<i>Ches.</i> County		MARYLAND	
Date of death	<i>1908</i>	Month <i>July</i>	Day <i>19</i>	Age <i>1</i> Years	Months <i>9</i> Days <i>8</i>
Sex <i>Female</i>	Color or Race <i>Colored</i>		Birth-place <i>Petersville</i>		
Occupation <i>None</i>	Where Residing if not at place of death				
Married, Single or Widowed <i>Infant</i>	Name of Wife or Husband				
Father's Name <i>Chank Brown</i>	Father's Birthplace <i>Fred. Md.</i>				
Mother's Maiden Name <i>Margaret Matthews</i>	Mother's Birthplace <i>Pittsburg, Pa.</i>				
Name of person giving information <i>Chank Brown</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Acute Illio. colitis</i>	How long <i>5 days</i>
Immediate <i>Convulsions</i>	How long <i>Immediate</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Geo. Youstman</i>
	Address <i>Burkittsville Md</i>
Accident or Suicide?	



Name
in
Full

Elizabeth Jane Brown

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Fredrick Md*

Town

Fredrick

County

Date

of death

1908 July

Month

Day

12

Age

Years

74

Months

5

Days

12

Sex

*Female*Color or
Race*White*Birth-
place*Md*

Occupation

*Wife*Where Residing if not
at place of death*#1056 Church St*~~Married, Single~~
or WidowedName of Wife or
Husband*Henry C Brown*Father's
Name*George Brown*Father's
Birthplace*Penna*Mother's
Maiden Name*Eleanor Hays*Mother's
Birthplace*on the Ocean*Name of person giving
Information*Son James Brown*How related
to deceased*Son*

CAUSES OF DEATH

42

Primary

Leucemia - Uterine

How long

8 Mos

Immediate

Exhaustion

How long

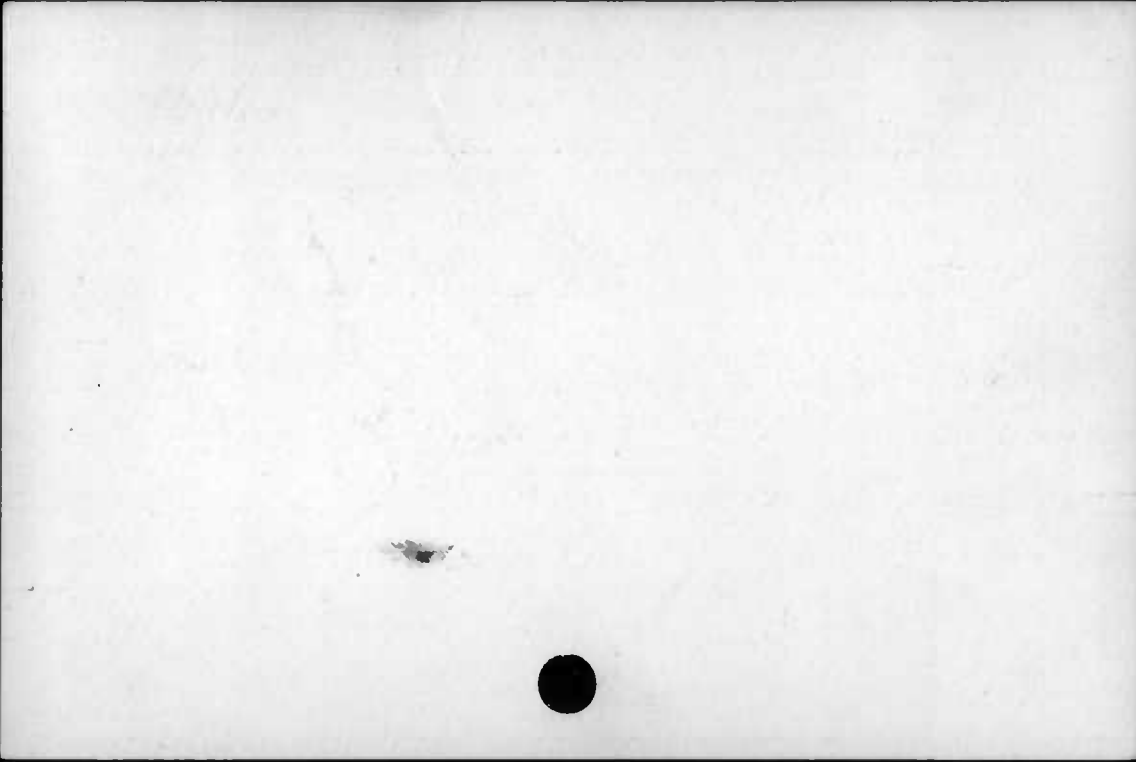
*—*Are the name, age, sex, color, date
and place correctly given above?*Yes*Signature of
Physician*S. S. Maynard*

Address

*17 Green St West,
Fredrick Md*

Accident or Suicide?

PHYSICIAN
OR CORONER



Name in Full		Town				County		CERTIFICATE OF DEATH			
Samuel Burch		Fredericks		Fredericks				MARYLAND			
Died at		Date of death		Month	Day	Age	Years	Months	Days		
1908		7		6		28					
Sex		Male		Color or Race		Black		Birth-place		Md	
Occupation		Cook		Where Residing if not at place of death		Same					
Married, Single or Widowed		Married		Name of Wife or Husband		Not known				X	
Father's Name		John Burch		Father's Birthplace		Md					
Mother's Maiden Name		Unknown		Mother's Birthplace							
Name of person giving information		Mrs. Burch		How related to deceased		Wife					
				CAUSES OF DEATH		27					
Primary		Pulmonary Tuberculosis		How long		Don't know					
Immediate		Exhaustion		How long		Several days					
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		U. G. Gougeon, M.D.					
				Address		Frederick, Md.					
Accident or Suicide?		no									

Interment at Greenmount

" July 8 — 08

Thomas T. Rice F.O.

Dr Bourne

Name
in
Full

Carrie Elizabeth Burke

13.
CERTIFICATE OF DEATHTO BE ANSWERED BY
NEAREST FRIEND

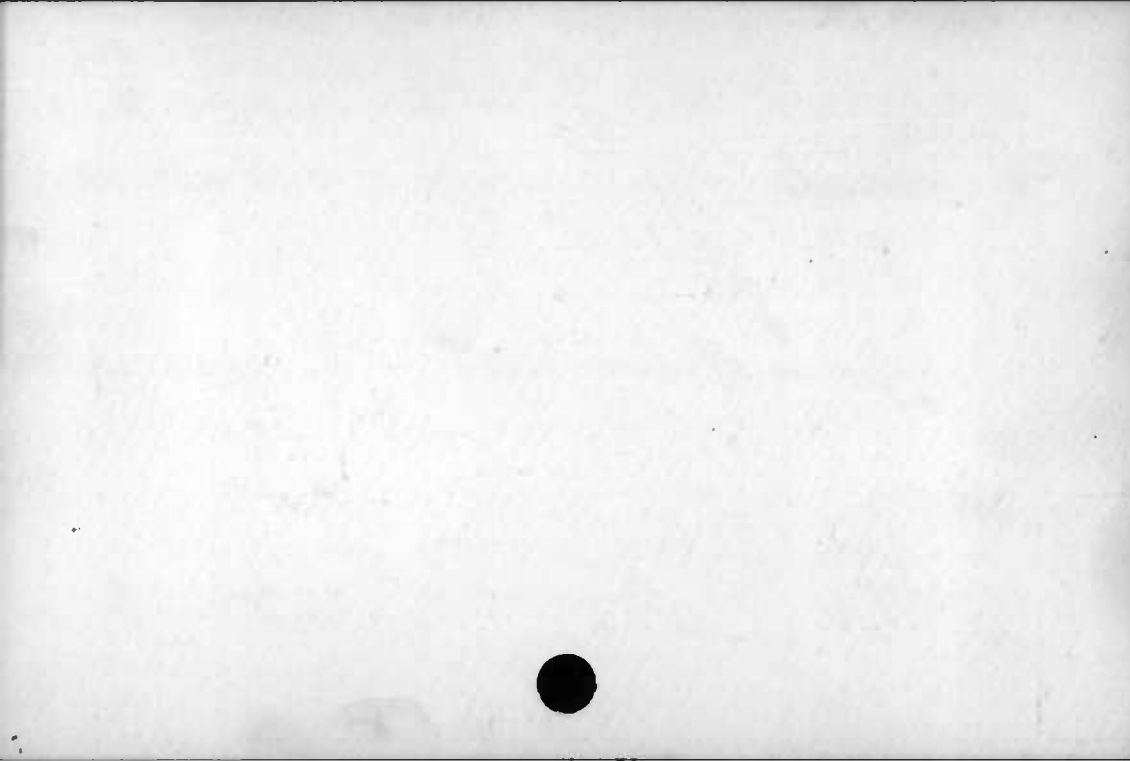
Died at		Town Keenstown		County Frederick		MARYLAND	
Date of death		1908	Month July	Day 30	Age Years	Months 11	Days 18
Sex Female		Color or Race White		Birth-place Md			
Occupation				Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband					
Father's Name Franklin Burke		Father's Birthplace Md					
Mother's Maiden Name Lillie M. Hartsock		Mother's Birthplace Md					
Name of person giving information Franklin Burke		How related to deceased Father					

CAUSES OF DEATH

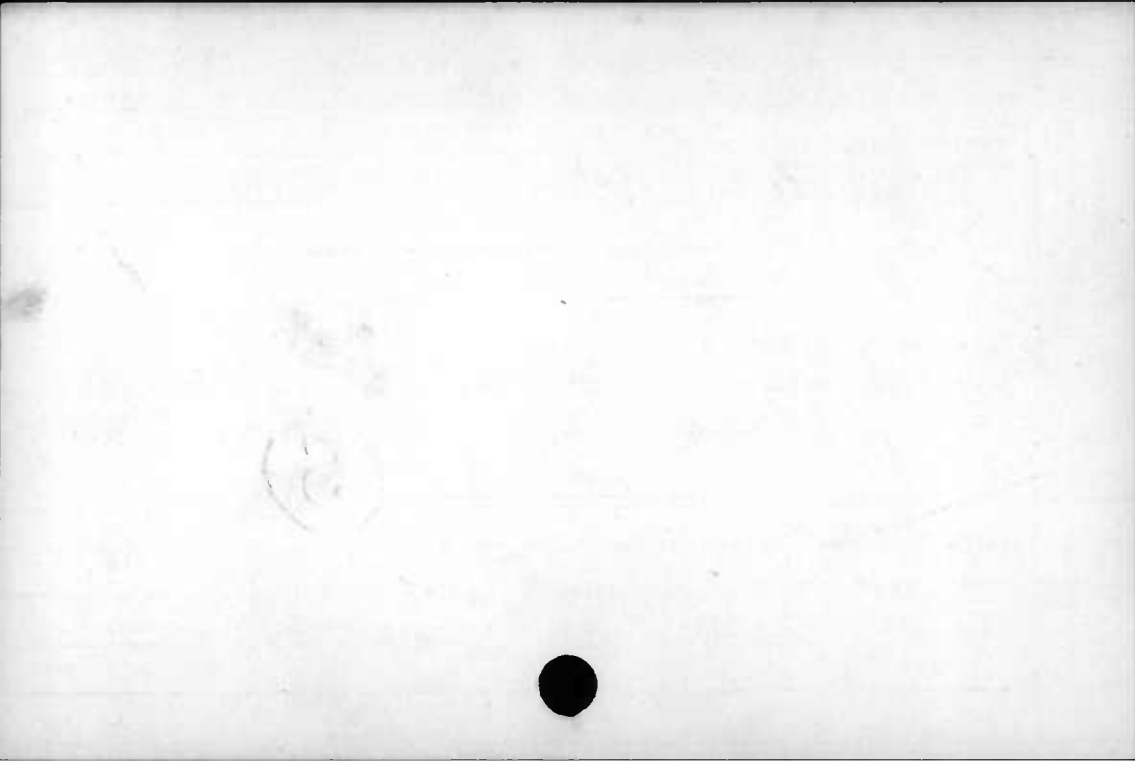
105

PHYSICIAN
OR CORONER

Primary	Enteric-Colitis	How long	2 days
Immediate	Convulsions	How long	a few hours
Are the name, age, sex, color, date and place correctly given above?		yes	
Signature of Physician		H. H. Hopkins M.D.	
Address		New Market, Frederick Co., Md	
Accident or Suicide?		no	



Name in Full		Certificate of Death			
Ellen Butts		Burkittsville Frederick Maryland			
Died at		Town		County	
Date of death		Month	Day	Age	Years
1908		July	29	0	0
Sex		Color or Race		Birth-place	
Female		White		Burkittsville	
Occupation		Where Residing if not at place of death			
Infant					
Married, Single or Widowed		Name of Wife or Husband			
0		0			
Father's Name		Father's Birthplace		Mother's Birthplace	
Samuel C Butts		Burkittsville		Fred. Co.	
Mother's Maiden Name		How related to deceased			
Adda P. Cochran		Father.			
Name of person giving information					
Samuel C. Butts					
CAUSES OF DEATH					
S					
Primary		How long			
Still Born					
Immediate		How long			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
yes		George J. J. J.			
		Address			
		Burkittsville Md			
Accident or Suicide?					



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Virginia Louise Byerman

Died at ^{Town} Burkeville ^{County} Franklin

MARYLAND

Date of death 1908 ^{Month} July ^{Day} 7 ^{Years} 16 ^{Months} 0 ^{Days} 16

Sex Female Color or Race White Birth place Burkeville Md.

Occupation Child Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name Jacob Byerman Father's Birthplace Md

Mother's Maiden Name Saura W. Gibson Mother's Birthplace Va

Name of person giving information Mrs Geo Bier How related to deceased Aunt

CAUSES OF DEATH

105

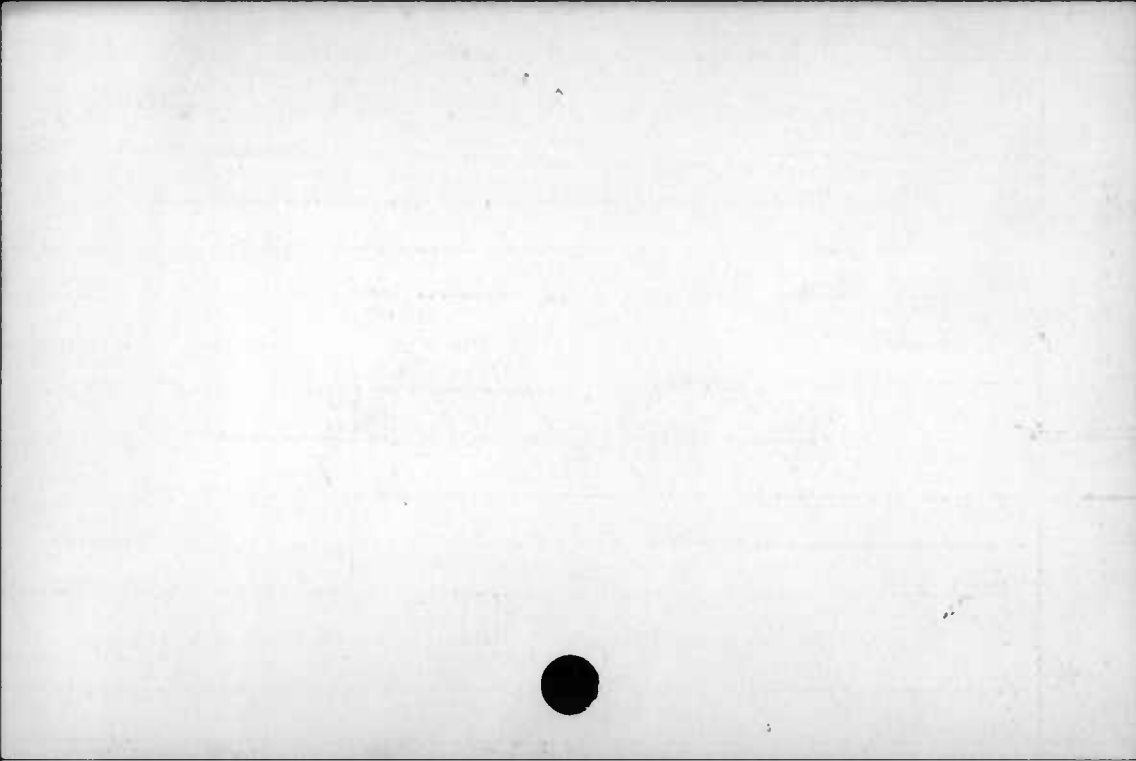
PHYSICIAN
OR CORONER

Primary Gastro-enteritis How long 4 days
Immediate Convulsions How long Immediate

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician Geo Yonker
Address Burkeville Md

Accident or Suicide?



Name
in
Full

Henry Guy Clipp

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Near Reels Mills</i>		Town <i>Frederick</i>		County		MARYLAND	
Date of death <i>1908</i>		Month <i>July</i>		Day <i>12</i>		Years <i>0</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Near Reels Mills</i>		Months <i>0</i>	
Occupation <i>None</i>		Where Residing if not at place of death <i>at place of death</i>		Days <i>2 hours</i>			
Married, Single or Widowed <i>Infant</i>		Name of Wife or Husband <i>None</i>					
Father's Name <i>H. E. Clipp</i>		Father's Birthplace <i>West Virginia</i>					
Mother's Maiden Name <i>Jessie V. Johnston</i>		Mother's Birthplace <i>West Virginia</i>					
Name of person giving information <i>Father H. E. Clipp</i>		How related to deceased <i>Father</i>					

CAUSES OF DEATH

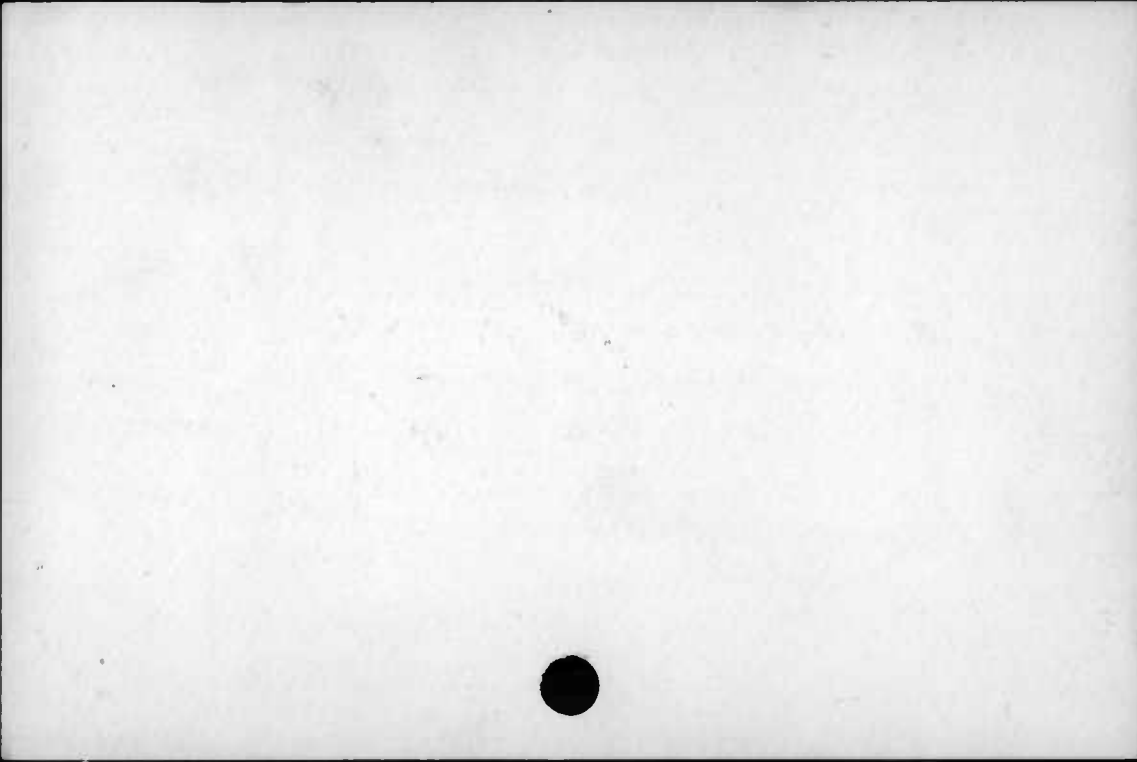
151

PHYSICIAN
OR CORONER

Primary <i>Premature Birth</i>	How long <i>7th month</i>
Immediate <i>Premature Birth</i>	How long <i>2 hours</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Thos B Johnson</i>
	Address <i>Frederick, Md.</i>
Accident or Suicide?	



Name in Full		Harriett Counclee				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Mountevue		County Frederick		MARYLAND	
	Date of death	1908	Month July	Day 21	Years Apt 50	Months —	Days —
	Sex	Female		Color or Race	Black		
	Occupation	None			Birth-place	New Market, Md.	
				Where Residing if not at place of death			
	Married, Single or Widowed	Single		Name of Wife or Husband	None		
	Father's Name	Unknown			Father's Birthplace	Don't know	
Mother's Maiden Name	Unknown			Mother's Birthplace	" "		
Name of person giving information	Matron			How related to deceased	No relation		
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px; display: inline-block;">104</div>							
PHYSICIAN OR CORONER	Primary	Insanity complicated with Cardiac Lesion				How long	15 to 20 years
	Immediate	Acute indigestion				How long	Immediate
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician	U. G. Bourne, 2nd	
					Address	Frederick Md	
Accident or Suicide? <input type="checkbox"/>							



Name
in
Full

Lewis Brown

CERTIFICATE OF DEATH

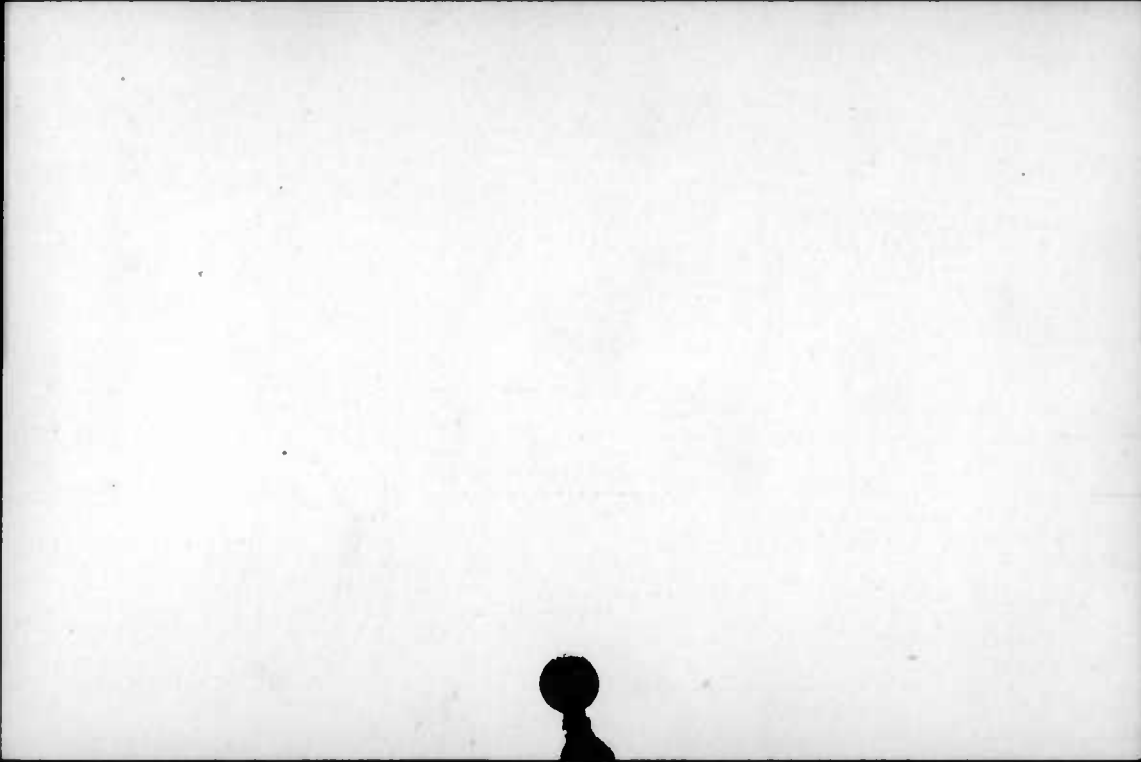
TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Frederick		County Frederick		MARYLAND	
Date of death		1908	Month 7	Day 14	Age Years 66	Months	Days
Sex Male		Color or Race White		Birth- place Md			
Occupation Carpenter				Where Residing if not at place of death ✓			
Married, Single or Widowed		Name of Wife or Husband Mary Elizabeth Taylor					
Father's Name Carpenter Brown				Father's Birthplace Germany			
Mother's Maiden Name Christiane Schmidt				Mother's Birthplace Germany			
Name of person giving Information George Brown Jr				How related to deceased Son			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	Chronic Typhoid Fever	How long	12 week
Immediate	Exhaustion	How long	1 week
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
Yes		Chas. F. Gordon M.D.	
		Address Frederick,	
		Md	
Accident or Suicide?			
No			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

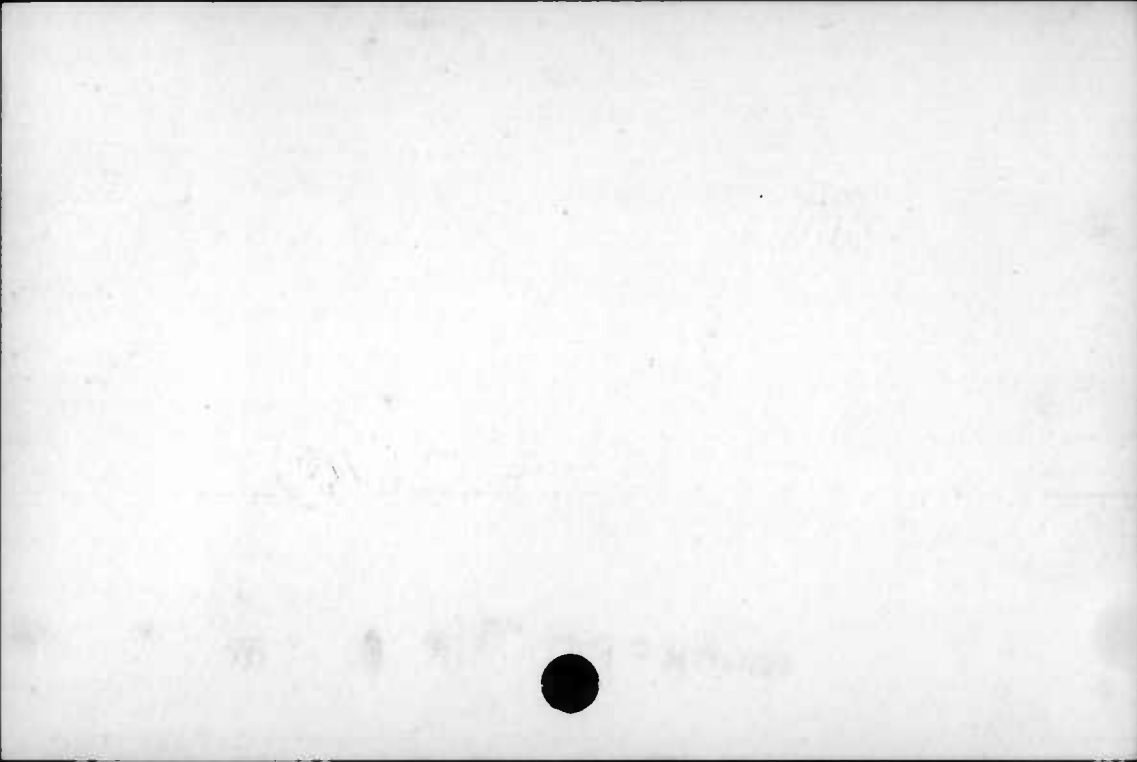
Died at <i>Mt. Pleasant</i> Town			<i>Frederick</i> County			MARYLAND		
Date of death <i>1908</i>		Month <i>July</i>	Day <i>30</i>	Age <i>5</i>	Years <i>5</i>	Months <i>8</i>	Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Mt. Pleasant.</i>				
Occupation <i>—</i>				Where Residing if not at place of death <i>Same as —</i>				
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>				
Father's Name <i>Edward Crum</i>				Father's Birthplace <i>Walkersville</i>				
Mother's Maiden Name <i>Florence Ellis</i>				Mother's Birthplace <i>Mt. Pleasant</i>				
Name of person giving information <i>J. S. Nicodemus</i>				How related to deceased <i>is no wife</i>				

CAUSES OF DEATH

116

PHYSICIAN
OR CORONER

Primary <i>Peritonitis</i>	How long <i>week</i>
Immediate <i>Perforation of bowel?</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. S. Nicodemus</i>
	Address <i>Walkersville Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *Ann Rebecca Buller*

Died at *near Seagoville* *Frederick* County

MARYLAND

Date of death *1908* *7* Month *19* Day *82* Age *9* Months *9* Days

Sex *Female* Color or Race *White* Birth-place *Seagoville*

Occupation *Spinster* Where Residing if not at place of death

~~Married, Single or Widowed~~ Name of Wife or Husband *Philip Buller*

Father's Name *James Dixon* Father's Birthplace

Mother's Maiden Name Mother's Birthplace

Name of person giving information *J. Henry Buller* How related to deceased *Son*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Senility* How long *154*

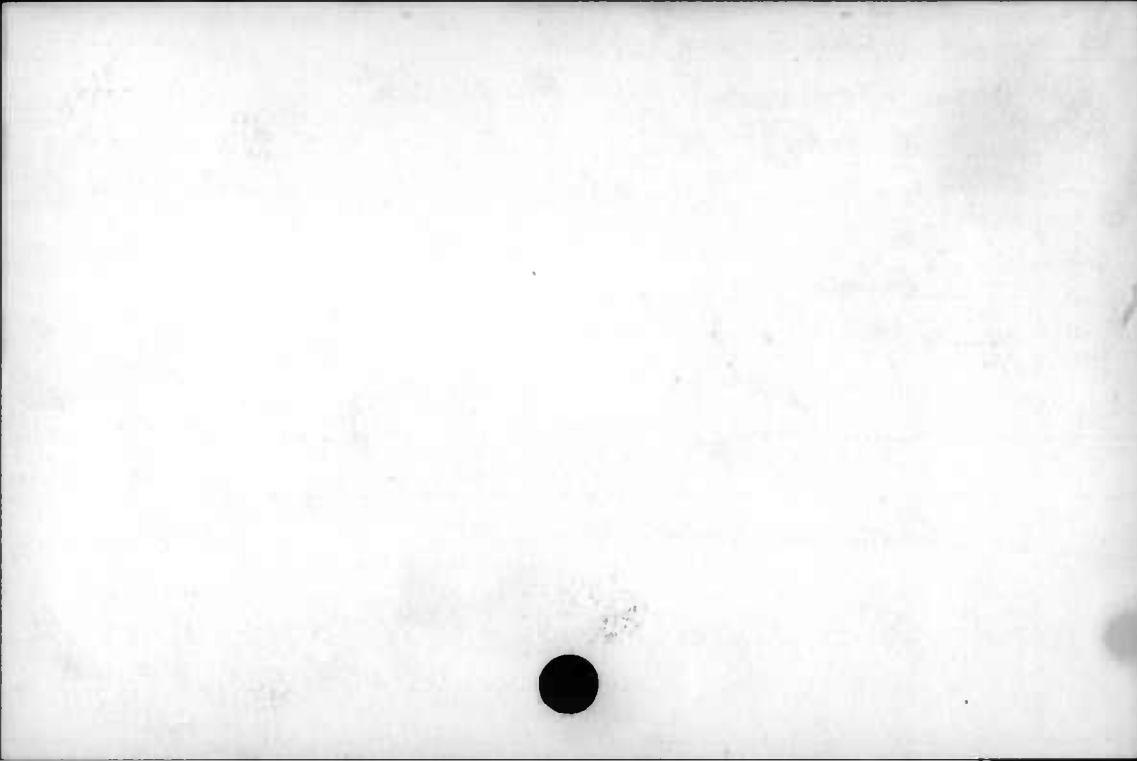
Immediate *Acute Indigestion* How long *36 Hours*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *L. H. Heiber*

Address *Frederick Md.*

Accident or Suicide? *9*



Name in Full		Ada Lee Davis No. 12		CERTIFICATE OF DEATH	
Town		County		MARYLAND	
Died near Monrovia		Frederick			
Date of death 1908		Month July		Day 18	
Age		Years 9		Months 20	
Sex Female		Color or Race white		Birth-place Fred Co., Md.	
Occupation		Where Residing if not at place of death			
Married, Single or Widowed Single		Name of Wife or Husband			
Father's Name Benjamin J. Davis		Father's Birthplace Fred Co. Md			
Mother's Maiden Name Ada Lee Peters		Mother's Birthplace Fred Co. Md			
Name of person giving information Lynn Davis		How related to deceased Uncle			
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px;">105</div>					
Primary		Cholera Infantum			
Immediate		How long 1 week			
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician H. H. Hopkins M.D.			
Address		New Market, Fred Co., Maryland			
Accident or Suicide? no					



Name
in
Full

Rose Elizabeth Davis

CERTIFICATE OF DEATH

Died at *Frederick*

Town

Frederick

County

MARYLAND

Date
of death *1908*Month
*7*Day
7

Age

Years
*34*Months
*10*Days
*8*Sex *Female*Color or
Race*White*Birth-
place*Frederick Co Md*

Occupation

*House Wife*Where Residing if not
at place of death*Same*Married, Single
or Widowed*Married*Name of ~~Wife~~
Husband*John F. Davis*Father's
Name*Philip Thompson*Father's
Birthplace*F. Co Md*Mother's
Maiden Name*Mary C. Crist*Mother's
Birthplace*" " "*Name of person giving
In formation*John F. Davis*How related
to deceased*Husband*

CAUSES OF DEATH

Primary

Pulmonary Tuberculosis

How long

Several Months

Immediate

Cardiac Asthenia

How long

*Several Months*Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician*J. M. Muddix, M.D.*

Address

Frederick, Md.

Accident or Suicide?

*no**(For Dr. C. A. Burek)*TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

Internment at Mt Olive

" July 10 - 08

Thomas P Rice E. D.

Dr Hendrix

Name
in
Full

Charles A. Disrker

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at Lantz Town Fredrick County MARYLAND

Date of death 1908 July 18 Month 18 Day 35 Years 2 Months 31 Days

Sex Male Color or Race White Birth-place Baltimore

Occupation Farmer Where Residing if not at place of death Lantz Md.

Married, Single or Widowed M Name of Wife or Husband Mary Fredrika Disrker

Father's Name Dieckrich Disrker Father's Birthplace Germany

Mother's Maiden Name Mary Ann Bunnick Mother's Birthplace Germany

Name of person giving information Mary Fredrika Disrker How related to deceased Wife

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary Laryngeal & Pulmonary Tuberculosis How long 4 yrs

Immediate Cerebral Tuberculosis How long 3 weeks

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Victor F. Cullen

Blue Ridge Summit

Washington Co Maryland



Name
in
Full

Pauline May Donoran

CERTIFICATE OF DEATH

Town

County

Died at Brunswick

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1908

July

15

Age

6

Sex

Female

Color or
Race

white

Birth-
place

Ind

Occupation

Where Residing if not
at place of death

Married, Single
or Widowed

Single

Name of Wife or
Husband

Father's
Name

Lilman G. Donoran

Father's
Birthplace

Ind

Mother's
Maiden Name

Crisine Deck

Mother's
Birthplace

Ver

Name of person giving
In formation

Crisine Donoran

How related
to deceased

Mother

CAUSES OF DEATH

105

Primary

diarrhea

How long

4 weeks

Immediate

meningitis

How long

2 day

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Albion

Address

Brunswick

Accident or Suicide?

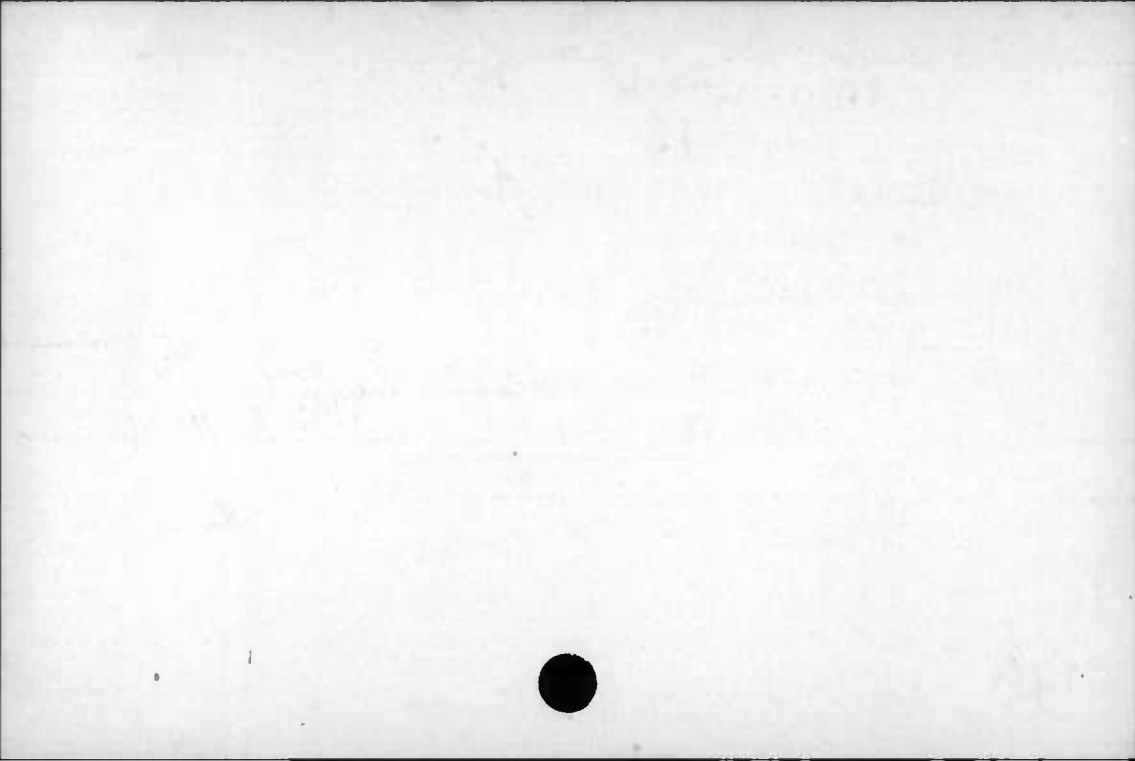
No

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name in Full		Saxah Jane Eagle				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Brimmrich		County Frederick		MARYLAND	
	Date of death	1908	Month July	Day 13	Age 54	Months	Days
	Sex	Female		Color or Race	White		Birth-place
	Occupation	House wife		Where Residing if not at place of death			
	Married, Single or Widowed	married		Name of Wife or Husband Chas Hm Eagle			
	Father's Name	Samuel Boyer				Father's Birthplace	Pt
	Mother's Maiden Name	Amelia Jane Boyer				Mother's Birthplace	Pt
	Name of person giving Information	Chas H. Eagle				How related to deceased	Widow
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: right; font-size: 2em; border: 2px solid black; border-radius: 50%; padding: 5px;">93</div>							
PHYSICIAN OR CORONER	Primary	Pneumonia				How long	3 days
	Immediate	Dyspnea				How long	12 hrs
	Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician Linn Hall		
					Address Brimmrich		
	Accident or Suicide?				Interment at Interment Co		



Name
in
Full

Samuel Meyer Hitch Ebert

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND							
Date of death	1908	Month	7	Day	13	Age	47	Months	4	Days	8
Sex	<i>Male</i>		Color or Race	<i>White</i>		Birth-place	<i>Frederick</i>				
Occupation	<i>Printer</i>			Where Residing if not at place of death <i>—</i>							
Married, Single or Widowed	<i>Single</i>			Name of Wife or Husband <i>—</i>							
Father's Name	<i>Valerius Ebert</i>					Father's Birthplace	<i>Frederick Md</i>				
Mother's Maiden Name	<i>Charlotte Baughman</i>					Mother's Birthplace	<i>"</i>				
Name of person giving information	<i>Genevieve Ebert</i>					How related to deceased	<i>Sister</i>				

CAUSES OF DEATH

81

PHYSICIAN
OR CORONER

Primary	<i>Arterio Sclerosis</i>	How long	<i>1 year</i>
Immediate	<i>Cerebral Hemorrhage</i>	How long	<i>1 week</i>

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Address

Accident or Suicide?

Thos B Johnson
Frederick, Md.



Name
in
FullBarbara T. Eyeler
Town Eyeler County Frederick

CERTIFICATE OF DEATH

MARYLAND

Died at

Date

of death

Month

Day

Years

Months

Days

1908

July

4

Age

43

11

4

Sex

Female

Color or
Race

White

Birth-
place

Littlesdown Pa

Occupation

Housewife

Where Residing if not
at place of death

Eyeler

Married, Single
or Widowed

Married

Name of Wife or
Husband

W. P. Eyeler

Father's
Name

Philip H. Long

Father's
Birthplace

Littlesdown Pa

Mother's
Maiden Name

Subiell Long

Mother's
Birthplace

Littlesdown Pa

Name of person giving
In formation

W. P. Eyeler

How related
to deceased

Husband

CAUSES OF DEATH

27

Primary

Pulmonary Tuberculosis

How long

8 months

Immediate

General asthenia

How long

2 months

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

B. J. Jamison

Address

Emmitsburg
Md

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

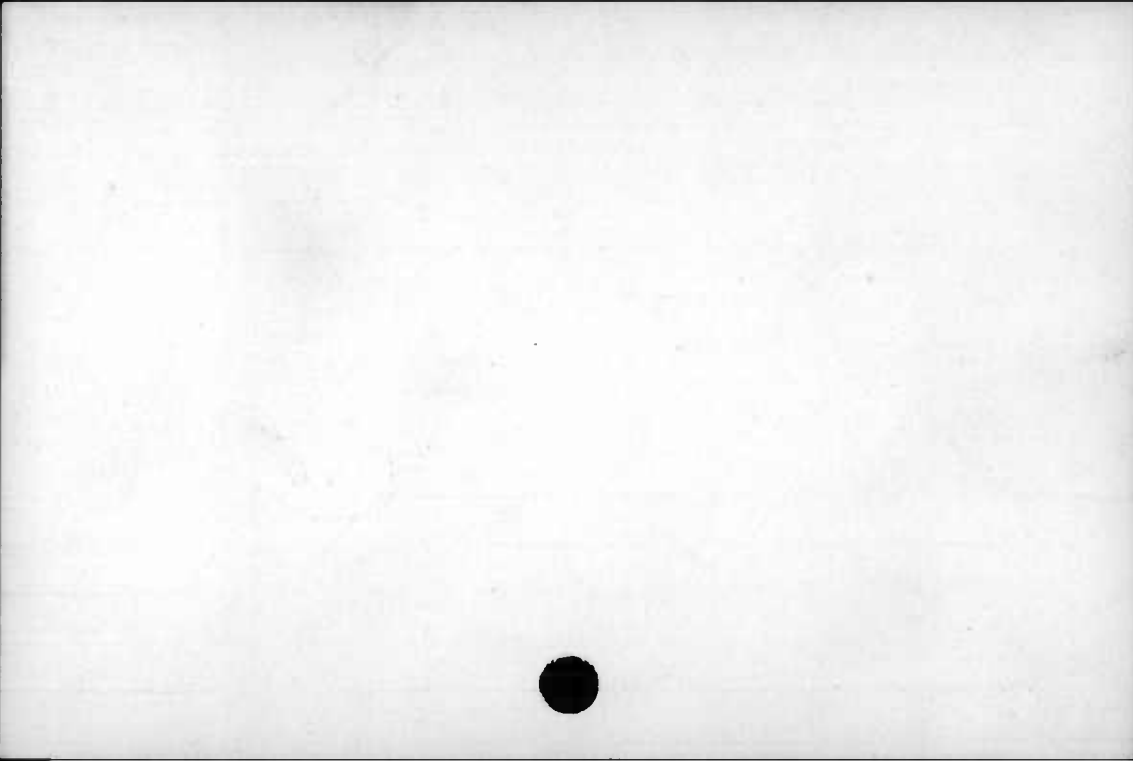
Died at <i>New Woodsboro</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>July</i>	Day <i>7</i>	Age <i>53</i> Years	Months <i>2</i>	Days <i>8</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>New Woodsboro</i>		
Occupation <i>House wife</i>			Where Residing if not at place of death		
Married, Single or <i>Widowed</i>		Name of Wife or Husband <i>Benjamin Eylew</i>			
Father's Name <i>John Frederick Lock</i>			Father's Birthplace <i>New Woodsboro</i>		
Mother's Maiden Name <i>Sarah Wood</i>			Mother's Birthplace <i>New Woodsboro</i>		
Name of person giving information <i>Benjamin Eylew</i>			How related to deceased <i>Husband.</i>		

CAUSES OF DEATH

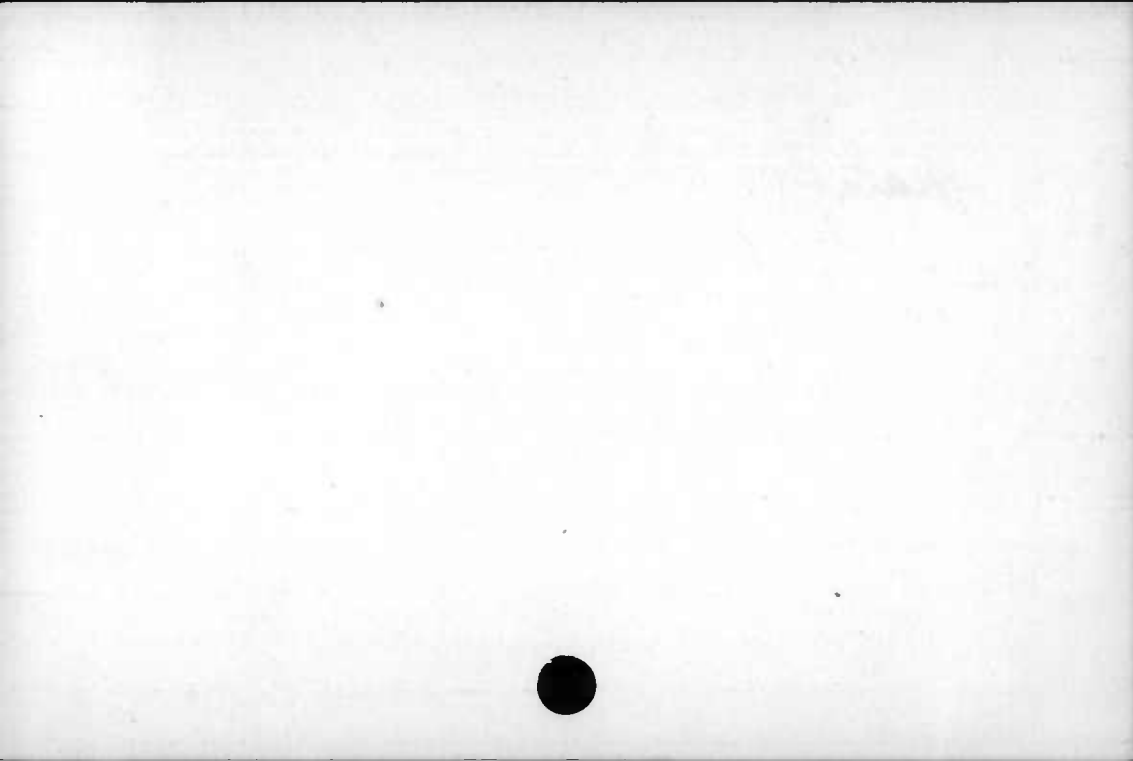
45

PHYSICIAN
OR CORONER

Primary	<i>Adeno-Carcinoma of abdominal cavity</i>	How long	<i>about one year</i>
Immediate	<i>"</i>	How long	<i>about one year</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes.</i>		Signature of Physician <i>R. L. Hammond</i>	
		Address <i>Woodsboro Md.</i>	
Accident or Suicide? <i>No</i>			



Name in Full Thomas Frederico Eyles		Town Sabillasville		County Frederick		CERTIFICATE OF DEATH	
Died at		Date of death		Age		Maryland	
Month July		Day 9		Years 49		Months 9	
Sex Male		Color or Race White		Birth-place Eyles's Valley Md.		Days 22	
Occupation Merchant		Where Residing if not at place of death at place of death					
Married, Single or Widowed Married		Name of Wife Bertha May Warbaugh					
Father's Name Charles Augustus Eyles		Father's Birthplace Eyles, Md.					
Mother's Maiden Name Charlotte Louise Gurley		Mother's Birthplace Eyles, "					
Name of person giving information Bertha May Eyles		How related to deceased Wife					
TO BE ANSWERED BY NEAREST FRIEND		CAUSES OF DEATH		<div style="border: 1px solid black; border-radius: 50%; width: 50px; height: 50px; display: flex; align-items: center; justify-content: center; margin: 0 auto;">104</div>			
Primary Acute Indigestion		How long					
Immediate Acute Heart failure		How long		instantly			
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician C. L. Wachter M.D.		Address Sabillasville, Maryland			
Accident or Suicide?							



Name
in
Full

Gertrude Ellen C. Flook

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

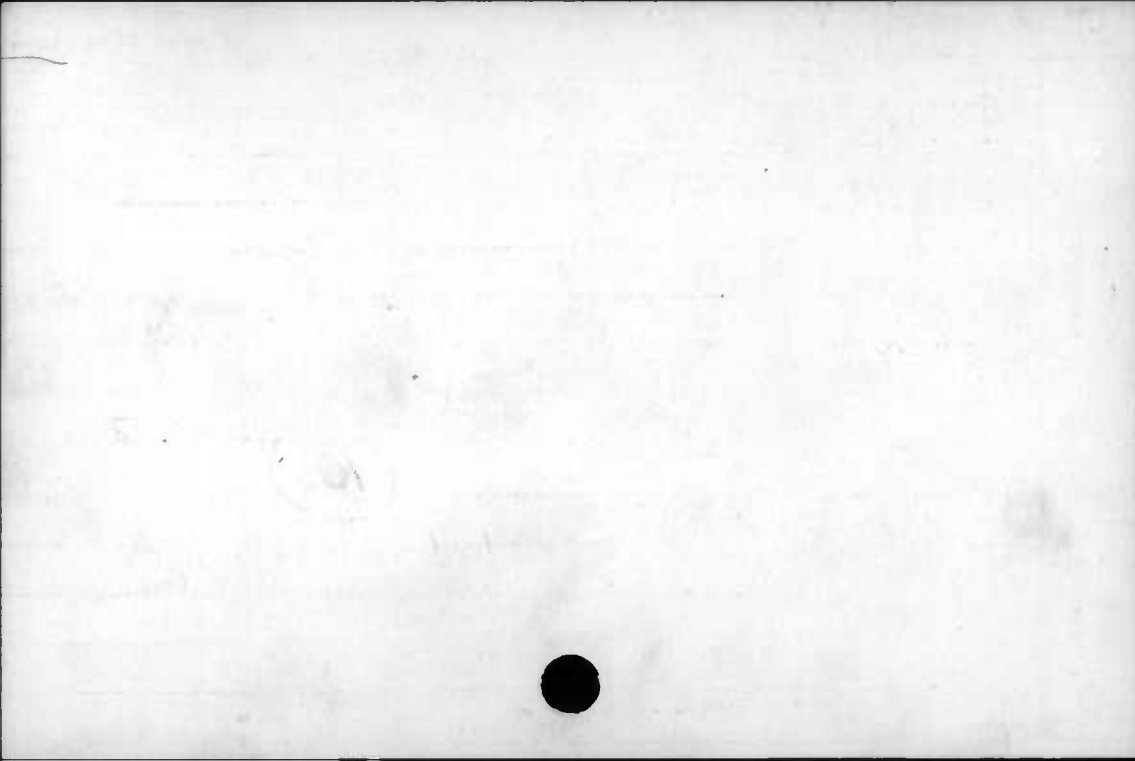
Died at <i>Middletown</i> ^{Town}		<i>Fried.</i> ^{County}		MARYLAND	
Date of death	<i>1908</i> ^{Year}	<i>July</i> ^{Month}	<i>30</i> ^{Day}	<i>10</i> ^{Months}	<i>20</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Middletown</i>		
Occupation <i>None</i>			Where Residing if not at place of death		
Married, Single or Widowed <i>Infant</i>		Name of Wife or Husband <i>0</i>			
Father's Name <i>Staley M. Flook</i>		Father's Birthplace <i>Middletown</i>			
Mother's Maiden Name <i>Beulah Arnold</i>		Mother's Birthplace <i>Burkittsville</i>			
Name of person giving information <i>Staley M. Flook</i>		How related to deceased <i>Father</i>			

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	<i>Inf. Colitis</i>	How long	<i>2 wks</i>
Immediate	<i>Toxemia</i>	How long	<i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Geo. J. ...</i>	
Yes		Address <i>Burkittsville</i>	
Accident or Suicide?			



Name

in

Full

CERTIFICATE OF DEATH

Franklin Nicolas Fogle

Town

County

MARYLAND

Died at Breagerstown Frederick

Date

Month

Day

Years

Months

Days

of death

1908 July

16

Age

—

5

8

Sex

Male

Color or
Race

White

Birth-
place

Breagerstown

Occupation

Where Residing if not
at place of death

At place of death

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Charles H. Fogle

Father's
Birthplace

Rocky hill

Mother's
Maiden Name

Annie C. E. Heffner

Mother's
Birthplace

Fredk 60

Name of person giving
information

Charles Fogle

How related
to deceased

Father

CAUSES OF DEATH

8

Primary

Whooping Cough

How long

3 weeks

Immediate

Meningitis

How long

4 days

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

J. D. S. Young

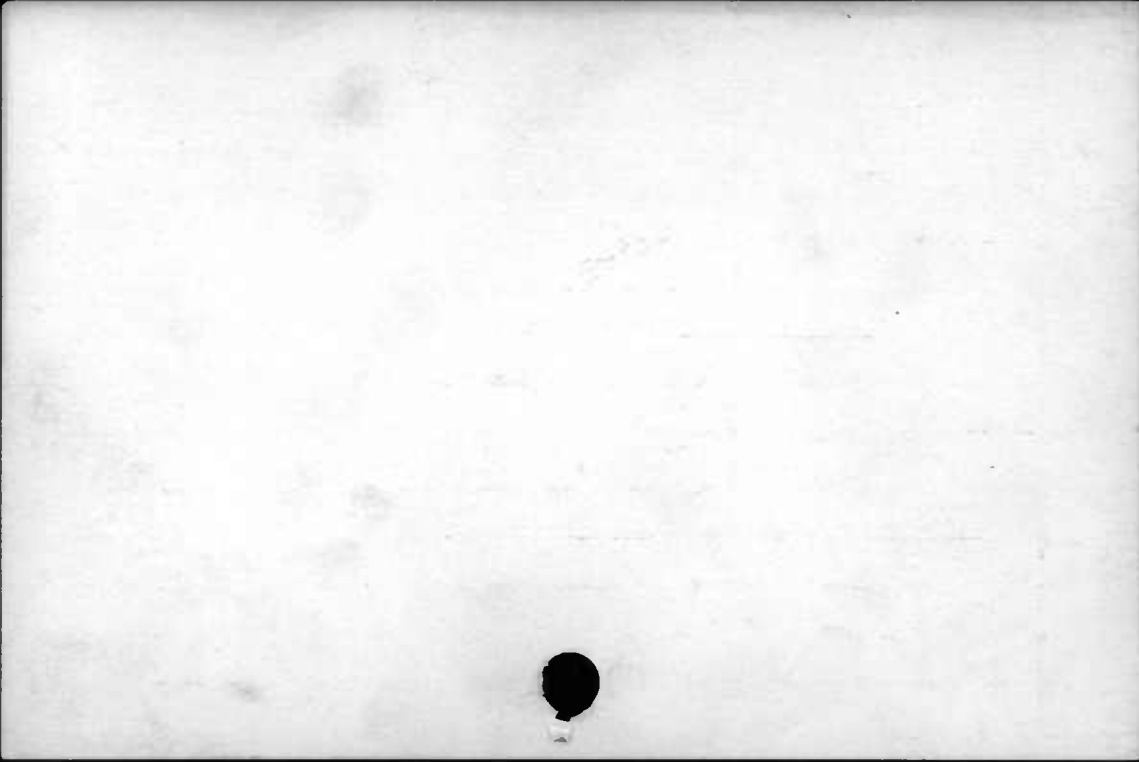
Address

Breagerstown
Frederick Co.

Accident or Suicide?

LIBRARY BUREAU 188516

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Thomas E. Fox

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Burkittsville</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death	1908	Month	July	Day	11
Age	71	Years	11	Months	22
Sex	Male	Color or Race	White	Birth-place	Warren Co. Va.
Occupation	None	Where Residing if not at place of death			
Married, Single or Widowed	Married	Name of Wife or Husband	Mildred Fox		
Father's Name	Thomas Fox	Father's Birthplace	Virginia		
Mother's Maiden Name	Polly Fullem	Mother's Birthplace	Virginia		
Name of person giving information	Mildred Fox	How related to deceased	Wife		

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary	Interstitial Nephritis, Acute	How long	3 days
Immediate	Commissions	How long	3 days
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	E. S. G. Smith
		Address	Burkittsville Md
Accident or Suicide?			



Name
in
Full

Victoria Brazil

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

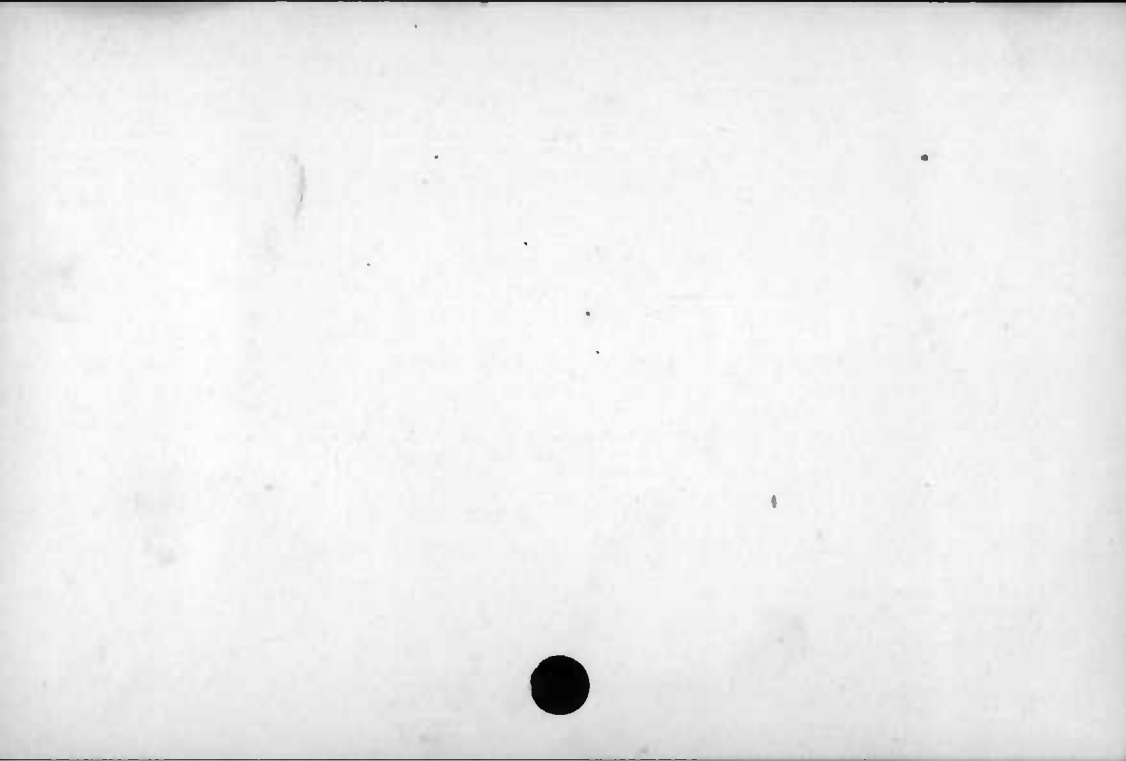
Died at		Town Monticome		County Frederick		MARYLAND	
Date of death		Month 8	Day July	Age	Years 70	Months —	Days —
Sex	Female	Color or Race	White	Birth-place	Unknown		
Occupation	None			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband	None			
Father's Name	Unknown				Father's Birthplace	Unknown	
Mother's Maiden Name	" "				Mother's Birthplace	" "	
Name of person giving information	Nurse				How related to deceased	No relation	

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary	General Debility		How long	Two years
Immediate	Exhaustion		How long	Four days
Are the name, age, sex, color, date and place correctly given above?		Yes	Signature of Physician Dr. R. S. Tyson	
			Address Frederick Md.	
Accident or Suicide?				



Name
in
Full

Ellen E. Gambill

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

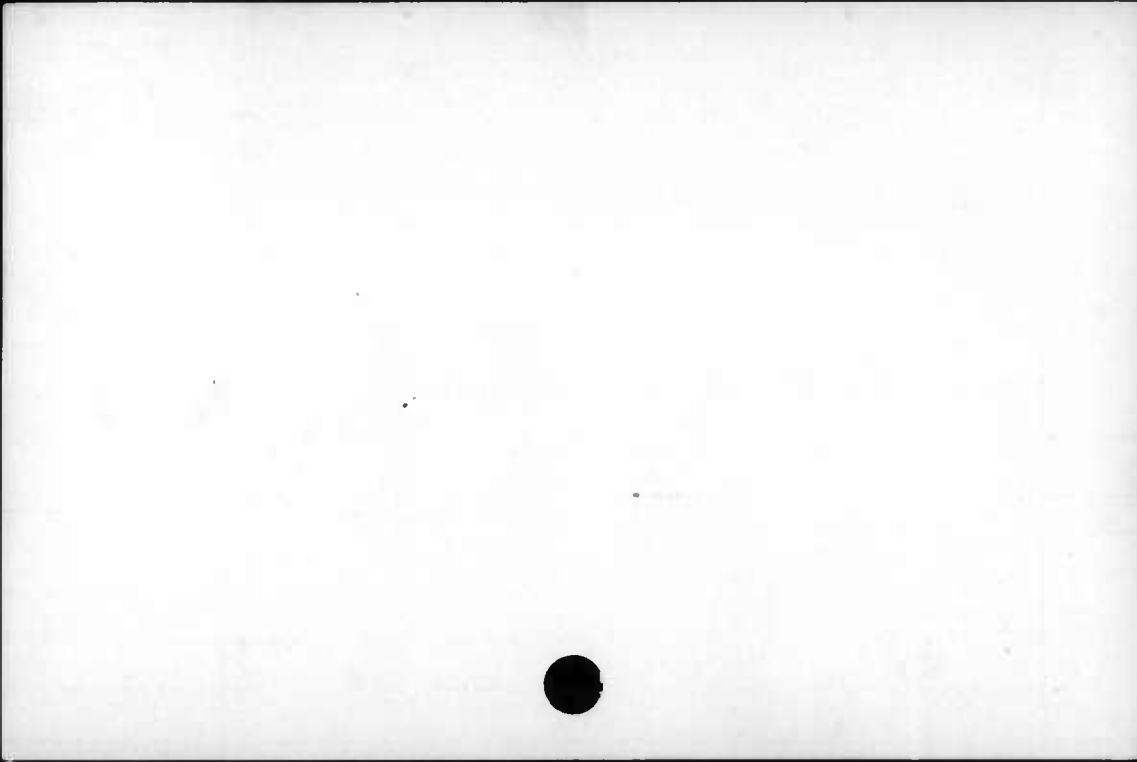
Died at <i>Fredk</i> ^{Town}		<i>Fredk</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>July</i>	Day <i>14</i>	Age <i>74</i> ^{Years}	Months <i>—</i>	Days <i>—</i>
Sex <i>Female</i>	Color or Race <i>Caucasian</i>		Birth-place <i>MD</i>		
Occupation <i>Housekeeper</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed		Name of Wife or Husband <i>Horace D. Gambill</i>			
Father's Name <i>Schley</i>			Father's Birthplace <i>MD</i>		
Mother's Maiden Name <i>Not Given</i>			Mother's Birthplace <i>MD</i>		
Name of person giving information <i>Edmund Biech</i>			How related to deceased <i>Nephew</i>		

CAUSES OF DEATH

81

PHYSICIAN
OR CORONER

Primary <i>Arteriosclerosis (Coronary)</i>	How long <i>?</i>
Immediate <i>Chemic Cama</i>	How long <i>Two days</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Wm. Campbell</i>
	Address <i>Fredk MD</i>
Accident or Suicide? <i>neither</i>	



Name
in
Full

David M. Goins

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Fredericks</i> Town, <i>Fredericks</i> County		MARYLAND	
Date of death 1908	Month 7	Day 26	Age —
Sex <i>Male</i>	Color or Race <i>Colored</i>	Birth-place <i>City</i>	Months 3
Occupation	Where Residing if not at place of death <i>Same</i>		
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband		
Father's Name <i>Charles C. Goins</i>	Father's Birthplace <i>Fredericks</i>		
Mother's Maiden Name <i>Ida Beaner</i>	Mother's Birthplace <i>Fredericks</i>		
Name of person giving information <i>Mrs. Goins</i>	How related to deceased <i>Mother</i>		

CAUSES OF DEATH

61

PHYSICIAN
OR CORONER

Primary	<i>Acute Left meningitis</i>	How long	<i>Several days</i>
Immediate	<i>Exhaustion</i>	How long	
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>U. G. Brown MD</i>
		Address	<i>Fredericks Md</i>
Accident or Suicide?	<i>—</i>		

Interment July 27-08
" at Greenmount

Thomas P. Rice F.D.

Dr Bourne

Name
in
Full

Edgar Grover

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

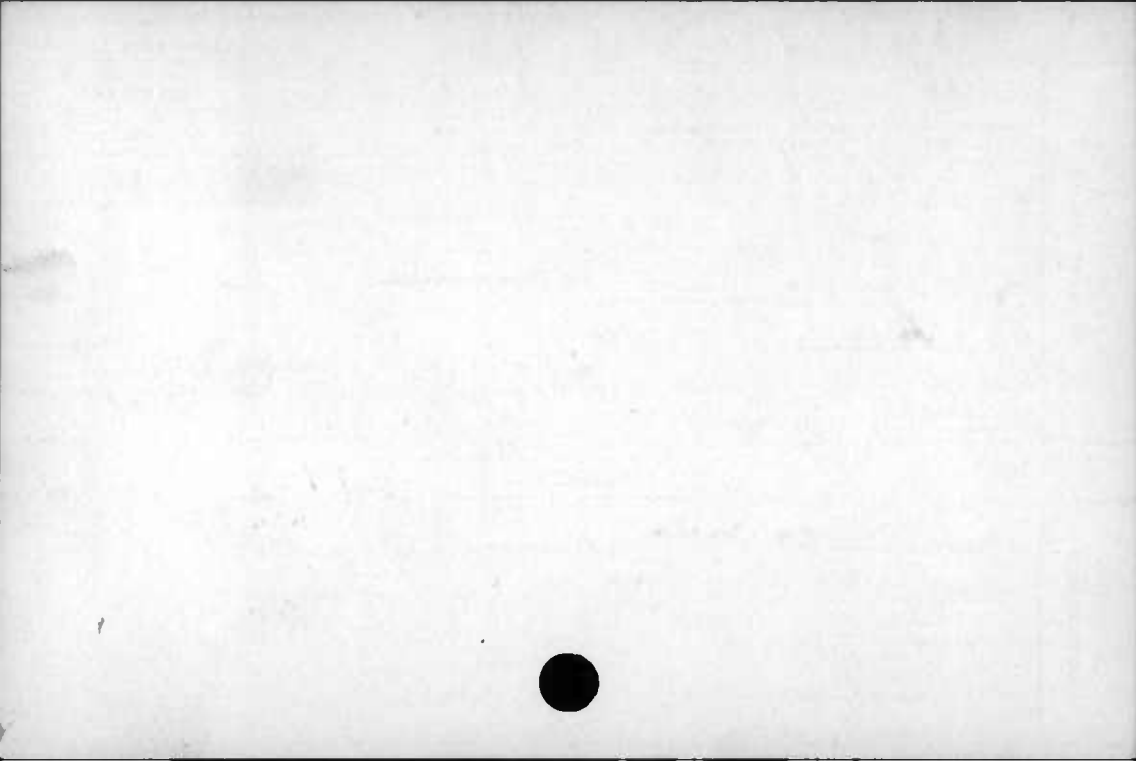
Died at		Town Brunswick		County Frederick		MARYLAND	
Date of death		1908	Month July	Day 28	Age Years 1	Months —	Days —
Sex male		Color or Race white		Birth- place Md			
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed		single		Name of Wife or Husband —			
Father's Name		Add Grover		Father's Birthplace		Md	
Mother's Maiden Name		Anna Haines		Mother's Birthplace		Va	
Name of person giving In formation		Anna Haine		How related to deceased		mother	

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary		Worse than		How long Several months	
Immediate		On an infection & heart		How long	
Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician Levin West	
		Address Brunswick			
Accident or Suicide?		Heath		office No physician attended	



Name
in
Full

Marietta Groove

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} Shookstown		^{County} Fredk		MARYLAND	
Date of death 1908	Month 7	Day 22	Age Years 73	Months 8	Days 7
Sex Female	Color or Race White	Birth-place F. Co Md			
Occupation House Wife	Where Residing if not at place of death Same				
Married, Single or Widowed Widow	Name of Wife Husband David Groove				
Father's Name Daniel Bopst	Father's Birthplace Maryland				
Mother's Maiden Name Mary Shook.	Mother's Birthplace F. Co Md				
Name of person giving information W. R. Groove	How related to deceased Son				

of arteries of lower leg due to general arteriosclerosis

CAUSES OF DEATH

81

PHYSICIAN
OR CORONER

Primary Embolism causing gangrene	How long 1 year
Immediate Septicemia	How long ?
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician W. C. Johnson
	Address Fredk Md
Accident or Suicide? <u>no</u>	

Interment July 24 - 08
" at Mt Olivet Cem.,
Thomas R. Rice F.D.

Dr W. C. Johnson

Dr Goodell.

Dr McHardy.

Name
in
Full

George Burnett Walter

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Middletown^{County} Fredk

MARYLAND

Date
of death 1908

Month 7

Day 19

Age

Years 78

Months 10

Days 18

Sex

Male

Color or
Race

White

Birth-
place

Md

Occupation

Farmer

Where Residing if not
at place of death

✓

~~Married, Single~~
or WidowedName of Wife or
Husband

none

Father's
Name

Wm. J. Walter

Father's
Birthplace

none

Mother's
Maiden Name

Magdalena Beard

Mother's
Birthplace

none

Name of person giving
In formation

✓

How related
to deceased

✓

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary

Brights + Yelv. Dis of Heart

How long

3 mos

Immediate

Heart Failure

How long

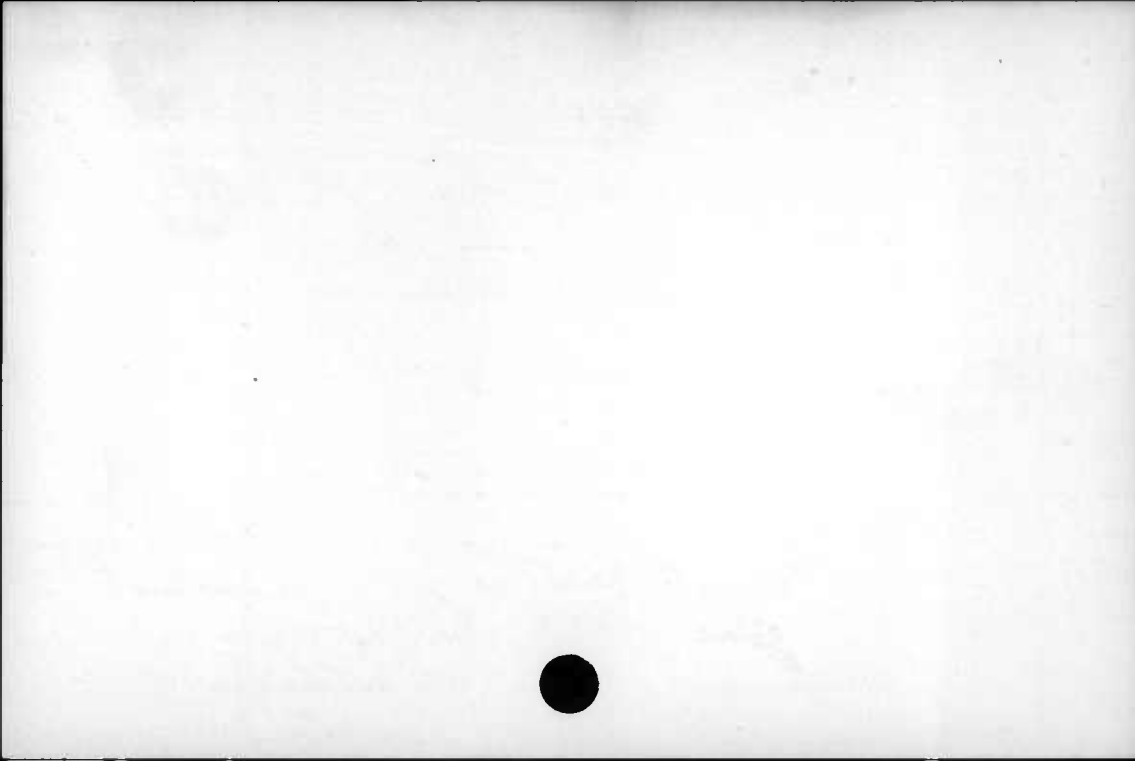
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

A. A. Lammie M.D.

Address

Middletown - Md

Accident or Suicide?



Name
in
Full

Mrs. Annie Maria Hamilton

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Frederick</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>7</i>	Day <i>9</i>	Age <i>58</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Frederick County</i>		
Occupation <i>Housewife</i>			Where Residing if not at place of death <i>Parsonsville</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Randolph Hamilton</i>				
Father's Name <i>Christopher Hartman</i>			Father's Birthplace <i>Germany</i>		
Mother's Maiden Name <i>Susan Webster</i>			Mother's Birthplace <i>Frederick County</i>		
Name of person giving information <i>Randolph Hamilton</i>			How related to deceased <i>Husband</i>		

CAUSES OF DEATH

131

PHYSICIAN
OR CORONER

Primary <i>Ovarian Cyst, with Carcinoma</i>	How long <i>4 years</i>
<i>Possibly following operation</i>	How long <i>24 hours</i>
Immediate <i>degenerative</i>	
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>L. H. Hedger</i>
	Address <i>Frederick</i>
Accident or Suicide?	

Interment, Mx Carmel

7/11 08

blooming

Name
in
Full

Austin Eugene Hone

CERTIFICATE OF DEATH

Died at ^{Town} Frederick^{County} Frederick

MARYLAND

Date of death 1908 July

Month Day 12

Age Years —

Months 6

Days 17

Sex Male

Color or Race

White

Birth-place

Frederick

Occupation

None

Where Residing if not at place of death

at place of death

Married, Single or Widowed

Single

Name of Wife or Husband

Single

Father's Name

John F. Hanne

Father's Birthplace

Indiana Co. Ind.

Mother's Maiden Name

Nester W. O'Hara

Mother's Birthplace

" "

Name of person giving information

John F. Hanne

How related to deceased

Father

CAUSES OF DEATH

Primary

Cholera Infantum

How long

4 days

Immediate

Exhaustion

How long

4 hours

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician

Wm M. Smith

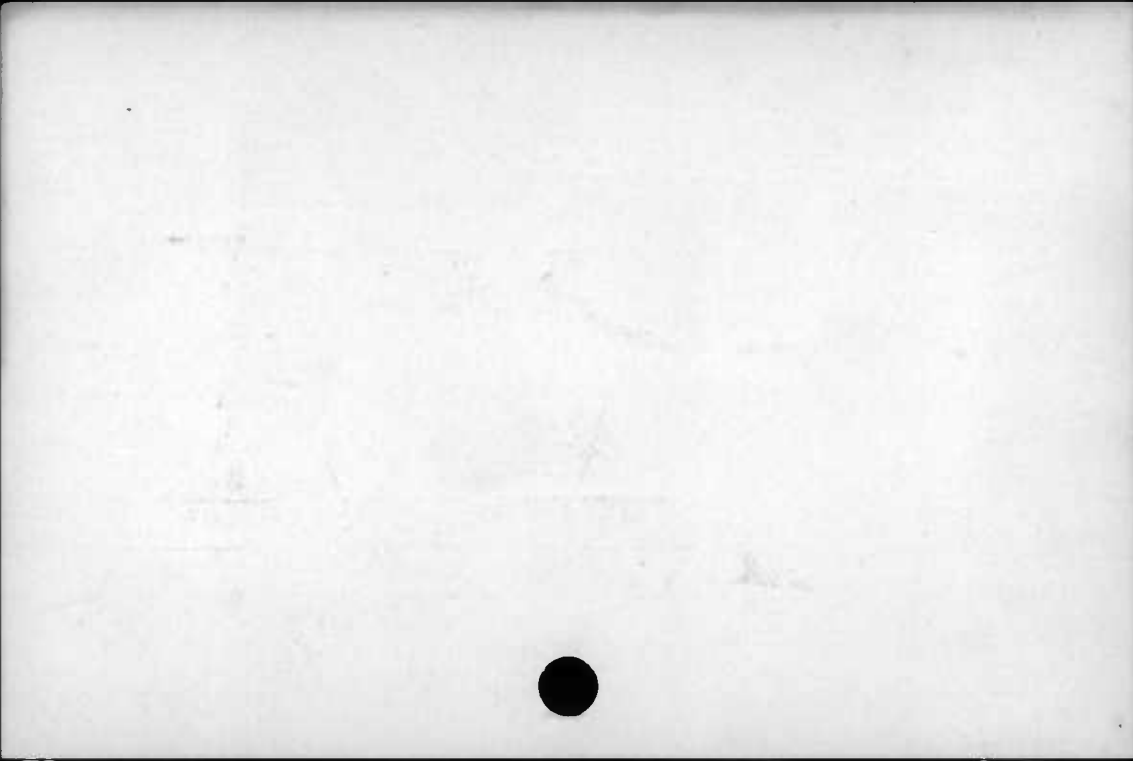
Address

Frederick, Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

105



Name
in
Full

Oscar Harbaugh.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

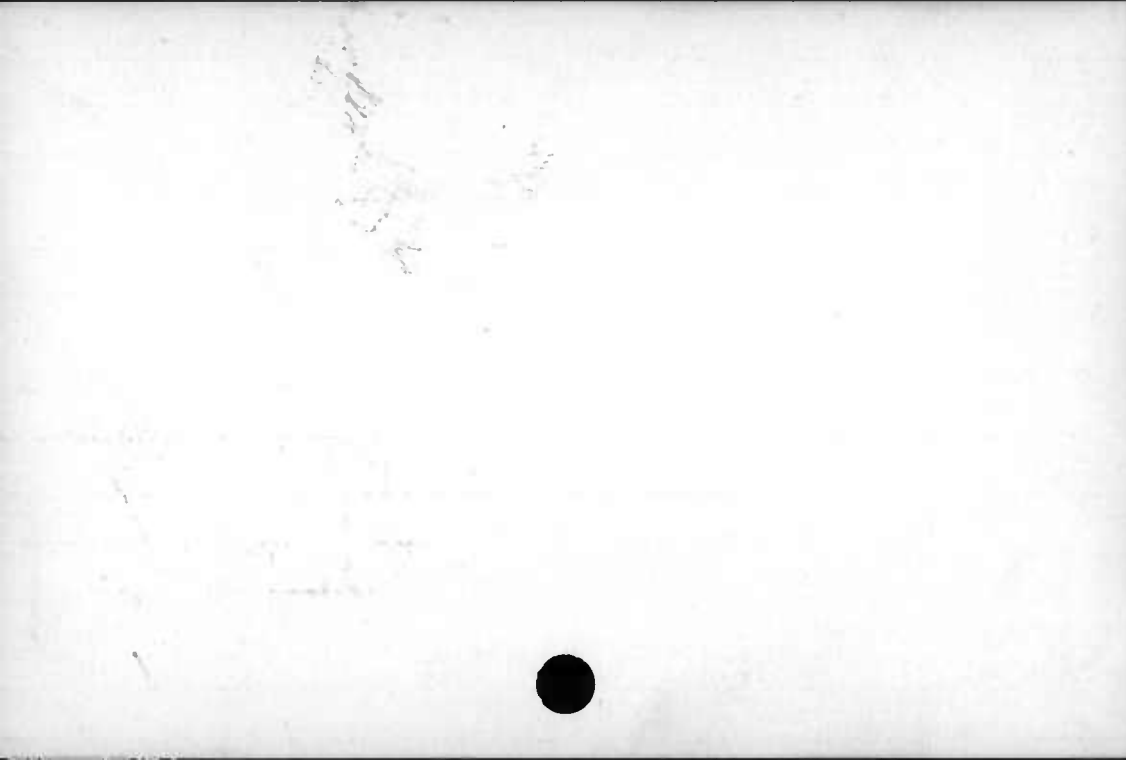
Died at <u>Lauty</u> <small>Town</small>		<u>Frederick</u> <small>County</small>		MARYLAND	
Date of death	<u>1908</u>	<u>7</u> <small>Month</small>	<u>22</u> <small>Day</small>	<u>37</u> <small>Years</small>	<u>4</u> <small>Months</small> <u>17</u> <small>Days</small>
Sex	<u>male</u>		Color or Race	<u>white</u>	
Occupation	<u>Farmer</u>		Birth-place	<u>unknown</u>	
Where Residing if not at place of death			<u>Lauty</u>		
Married, Single or Widowed	Name of Wife or Husband <u>Rebecca Harbaugh</u>				
Father's Name	<u>unknown</u>			Father's Birthplace	<u>unknown</u>
Mother's Maiden Name	<u>unknown</u>			Mother's Birthplace	<u>unknown</u>
Name of person giving information	<u>Dr. McKee</u>			How related to deceased	<u>Physician</u>

CAUSES OF DEATH

66

PHYSICIAN
OR CORONER

Primary	<u>Paralysis</u>	How long	<u>5 days</u>
Immediate	<u>Heart Failure</u>	How long	<u>instant</u>
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Dr. McKee</u>	
<u>yes</u>		Address <u>Smithsburg</u>	
Accident or Suicide?		<u>no</u>	



Name
in
Full

Oscar P Harbaugh

CERTIFICATE OF DEATH

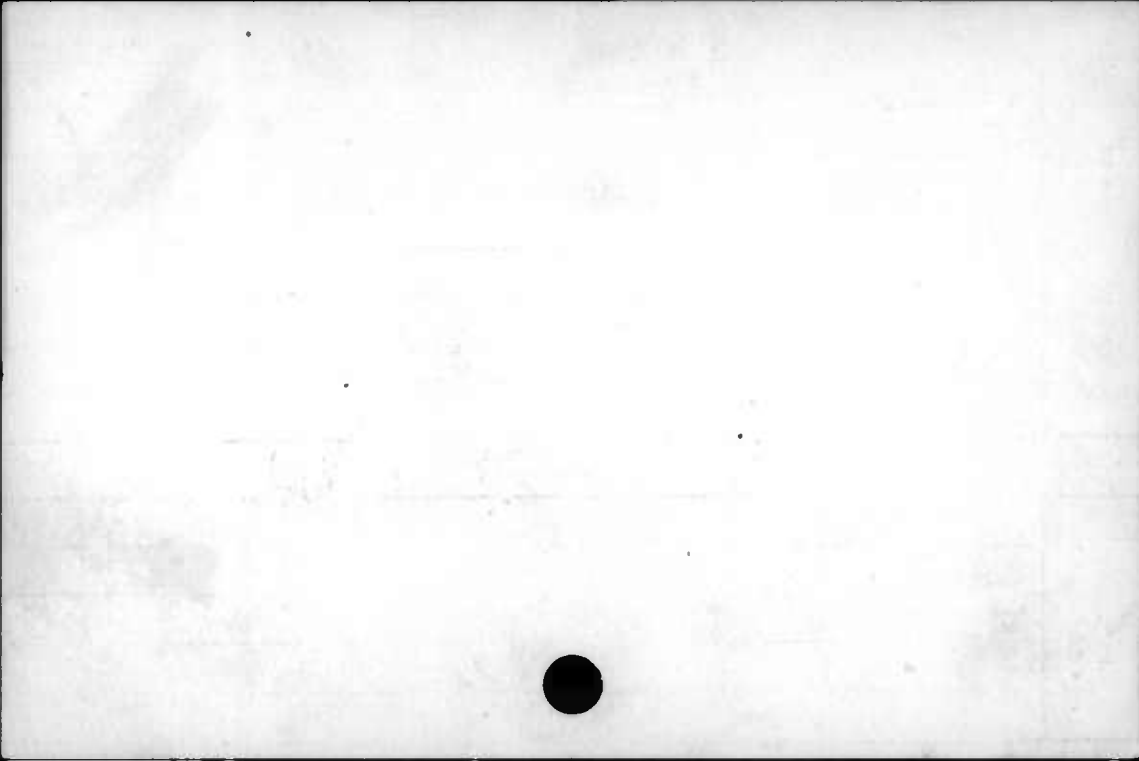
TO BE ANSWERED BY
NEAREST FRIEND

Died at ^{Town} <i>Lantz Frederic Co</i> ^{County} <i>md</i> ^{State} <i>MARYLAND</i>	
Date of death <i>1908</i> ^{Month} <i>July</i> ^{Day} <i>21</i> ^{Year} <i>57</i>	^{Month} <i>4</i> ^{Day} <i>19</i>
Sex <i>Male</i> Color or Race <i>White</i>	Birth-place <i>Frederic Co md</i>
Occupation <i>Farmer</i>	Where Residing if not at place of death
Married, Single or Widowed <i>Married</i> Name of Wife or Husband <i>Rebecca Harbaugh</i>	
Father's Name <i>Chas Harbaugh</i>	Father's Birthplace <i>Washington Co Md</i>
Mother's Maiden Name <i>Susanna Harbaugh</i>	Mother's Birthplace <i>Lavillsville Md</i>
Name of person giving Information <i>J. E. Harbaugh</i>	How related to deceased <i>son.</i>

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Paralysis</i>	How long <i>3 Days</i>
Immediate <i>Heart Failure</i>	How long <i>Instant</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Dr. C. S. Kefauver</i>
	Address <i>Smithsburg Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Oliver</i>		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death <i>1908</i>		Month <i>7</i>		Day <i>6</i>		Age <i>6</i> Years <i>6</i> Months <i>6</i> Days	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Brunswick</i>			
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>—</i>				Name of Wife or Husband <i>—</i>			
Father's Name <i>James Hildebrand</i>				Father's Birthplace <i>—</i>			
Mother's Maiden Name <i>Etta Bonebaker</i>				Mother's Birthplace <i>—</i>			
Name of person giving information <i>A. R. Etchison</i>				How related to deceased <i>None</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary <i>Never Thrived</i>	How long <i>Since birth</i>
Immediate <i>Heart failure</i>	How long <i>—</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. B. Gross, M.D.</i>
	Address <i>Jefferson</i>
Accident or Suicide? <i>—</i>	<i>M.D.</i>



Name
In
Full

Sarah Catharine Hine

CERTIFICATE OF DEATH

Died at <u>Free Olive</u> Town		<u>Frederick</u> County		MARYLAND	
Date of death <u>1908</u>	Month <u>July</u>	Day <u>20</u>	Age <u>—</u> Years	Months <u>5</u>	Days <u>17</u>
Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>Ind</u>		
Occupation <u>—</u>			Where Residing if not at place of death <u>—</u>		
Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u>—</u>			
Father's Name <u>Daniel Hine</u>			Father's Birthplace <u>Ind</u>		
Mother's Maiden Name <u>Mrs. Metz</u>			Mother's Birthplace <u>Ind</u>		
Name of person giving information <u>Daniel Hine</u>			How related to deceased <u>Father</u>		

CAUSES OF DEATH

179

Primary	<u>Dr. amission</u>	How long	<u>from Birth</u>
Immediate	<u>in heart</u>	How long	<u>—</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes</u>		Signature of Physician <u>Levin Hook</u>	
		Address <u>Brownsville - Frederick Co</u>	
Accident or Suicide?			

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

No Physician in Attendance
History and Condition of Child
Subject Disposed

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

William Eugene Johnson

Town

County

MARYLAND

Died at Knoxville

Fredrich

Date

Month

Day

Years

Months

Days

of death 1908

7

4

Age

56

7

2

Sex

Male

Color or
Race

Colored

Birth-
place

Knoxville

Occupation

Hotel porter

Where Residing if not
at place of death

Married, Single
or Widowed

Married

Name of Wife or
Husband

Eliza Phoenix

Father's
Name

Richard Johnson

Father's
Birthplace

Unknown

Mother's
Maiden Name

Bennetta Smallwood

Mother's
Birthplace

Fredrich Co

Name of person giving
In formation

Martha M Johnson

How related
to deceased

Sister

CAUSES OF DEATH

50

Primary

Lidarter

How long

11 months

Immediate

Are the name, age, sex, color, date
and place correctly given above?

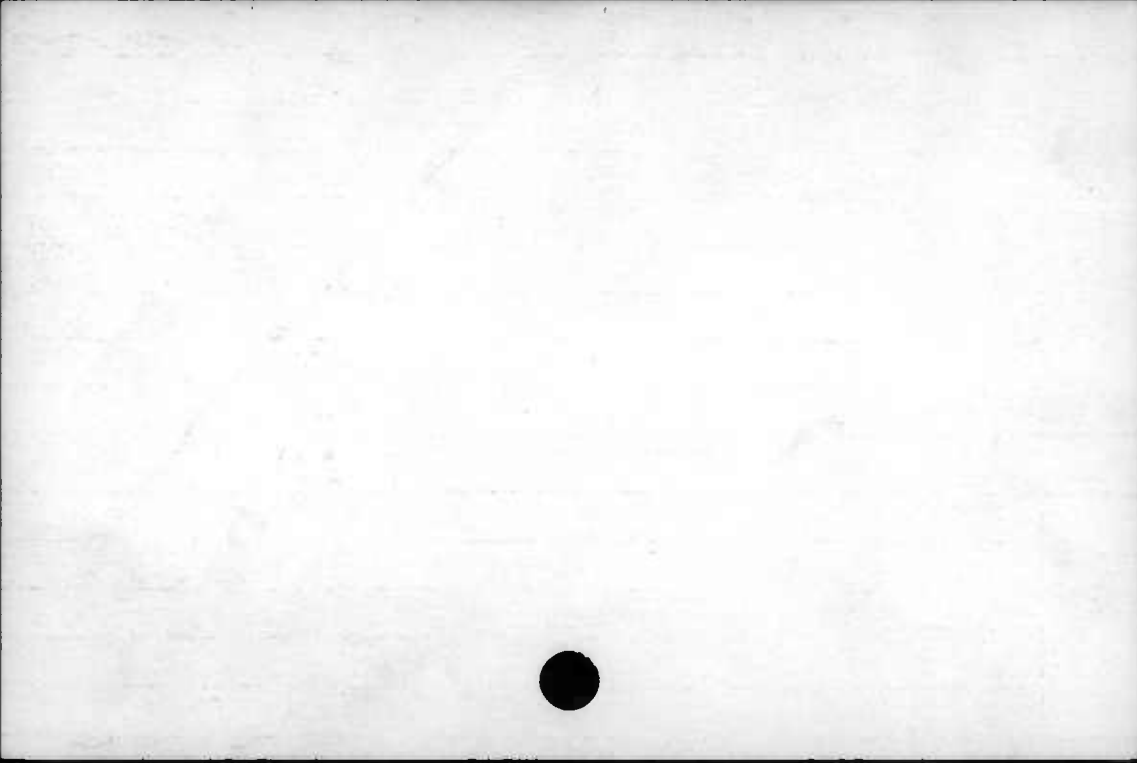
Yes

Signature of
Physician

Address

Sam'l Clay Jr II
Petersville

Accident or Suicide?



Name
in
Full

William Lee

Frederick

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIENDDied at ^{Town} Pombroy Creek^{County} Frederick

MARYLAND

Date of death 1908 ^{Month} July ^{Day} 2Age ^{Years} 63^{Months} 10 ^{Days}Sex Male ^{Color or Race} Negro^{Birth-place} Mountville

Occupation Labour

^{Where Residing if not at place of death} Pombroy Creek

Married, Single or Widowed Married

^{Name of Wife or Husband} Catherine Lee

Father's Name William Lee

^{Father's Birthplace}

Mother's Maiden Name Mary A. Lee

^{Mother's Birthplace}^{Name of person giving information} Catherine Lee^{How related to deceased} Wife

CAUSES OF DEATH

^{Primary} Bright Disease^{How long} Three Years^{Immediate} Apoplexy^{How long} Immediate

Are the name, age, sex, color, date and place correctly given above?

Yes

^{Signature of Physician} R. Watkins J. Spuell^{Address} Pombroy Creek Md

Accident or Suicide?



Name
in
Full

Maria Lyles

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

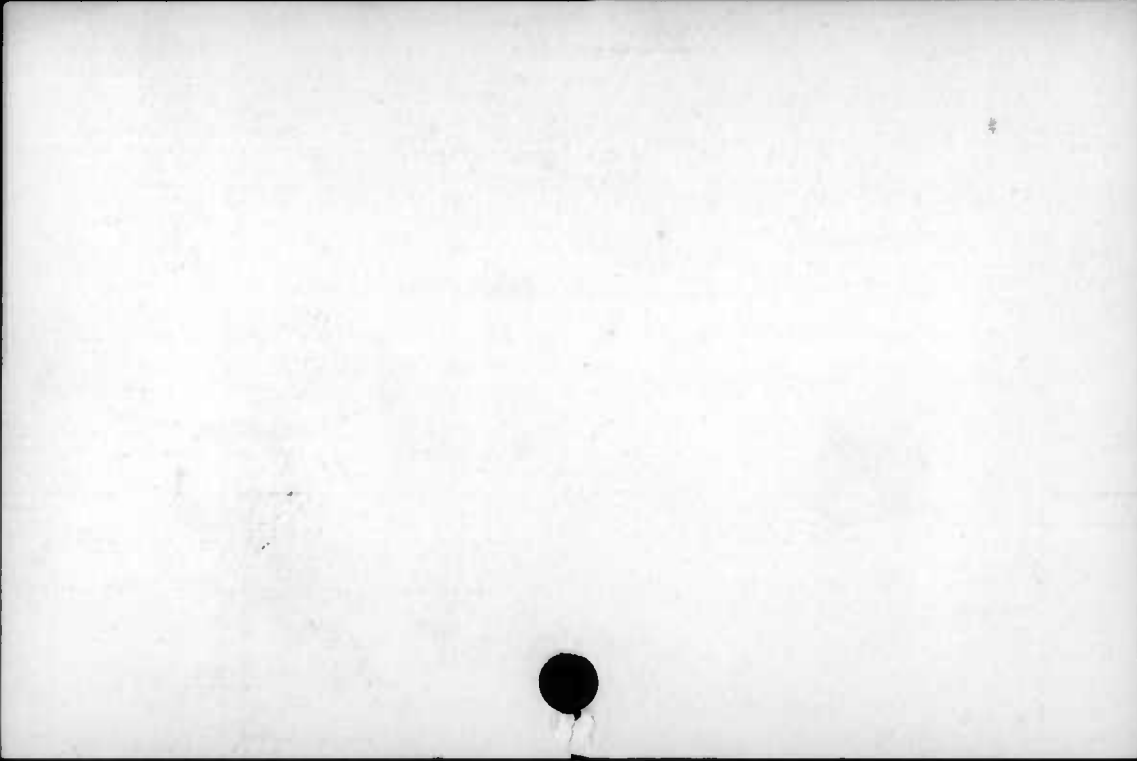
Died at		Town <i>Frederick</i>		County <i>Frederick</i>		MARYLAND	
Date of death	1908	Month 7	Day 10	Age 45	Years	Months X X	Days X 1
Sex	<i>Female</i>		Color or Race	<i>BEK</i>		Birth- place	<i>MD</i>
Occupation	<i>N. M.</i>			Where Residing if not at place of death <i>X</i>			
Married, Single or Widowed	<i>Married</i>		Name of Husband	<i>Geo. Lyles</i>			
Father's Name	<i>Unknown</i>				Father's Birthplace	<i>Unknown</i>	
Mother's Maiden Name	<i>"Geo." Lyles</i>				Mother's Birthplace	<i>" " "</i>	
Name of person giving Information	<i>Geo. Lyles</i>				How related to deceased	<i>Husband</i>	

CAUSES OF DEATH

119

PHYSICIAN
OR CORONER

Primary	<i>Acute Bright's Dis.</i>		How long	<i>10 days</i>
Immediate	<i>Uremia</i>		How long	<i>5 days</i>
Are the name, age, sex, color, date and place correctly given above?		<i>Yes</i>	Signature of Physician	<i>W. A. Long</i>
			Address	<i>City</i>
Accident or Suicide?				



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John McHolland</i>		Town <i>Monticure</i>		County <i>Frederick</i>		MARYLAND	
Died at <i>Monticure</i>		Date of death <i>1908</i>		Month <i>7</i>		Day <i>20th</i>	
Sex <i>male</i>		Color or Race <i>white</i>		Years <i>25</i>		Months <i>—</i>	
Occupation <i>Labourer</i>		Birth-place <i>Virginia</i>		Age <i>25</i>		Days <i>—</i>	
Married, Single or Widowed <i>Married</i>		Where Residing if not at place of death <i>Unknown</i>		Name of Wife or Husband <i>Unknown</i>			
Father's Name <i>Unknown</i>		Father's Birthplace <i>Unknown</i>		Mother's Maiden Name <i>Unknown</i>		Mother's Birthplace <i>Unknown</i>	
Name of person giving information <i>John McHolland</i>		How related to deceased <i>self</i>					

CAUSES OF DEATH

120

PHYSICIAN
OR CORONER

Primary <i>Unknown</i>	How long <i>Unknown</i>
Immediate <i>Cardiac Exhaustion</i>	How long <i>1 day</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>H. S. Lyser</i>
	Address <i>Frederick, Md.</i>
Accident or Suicide?	



Name

in
Full

Melvin Mangines

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

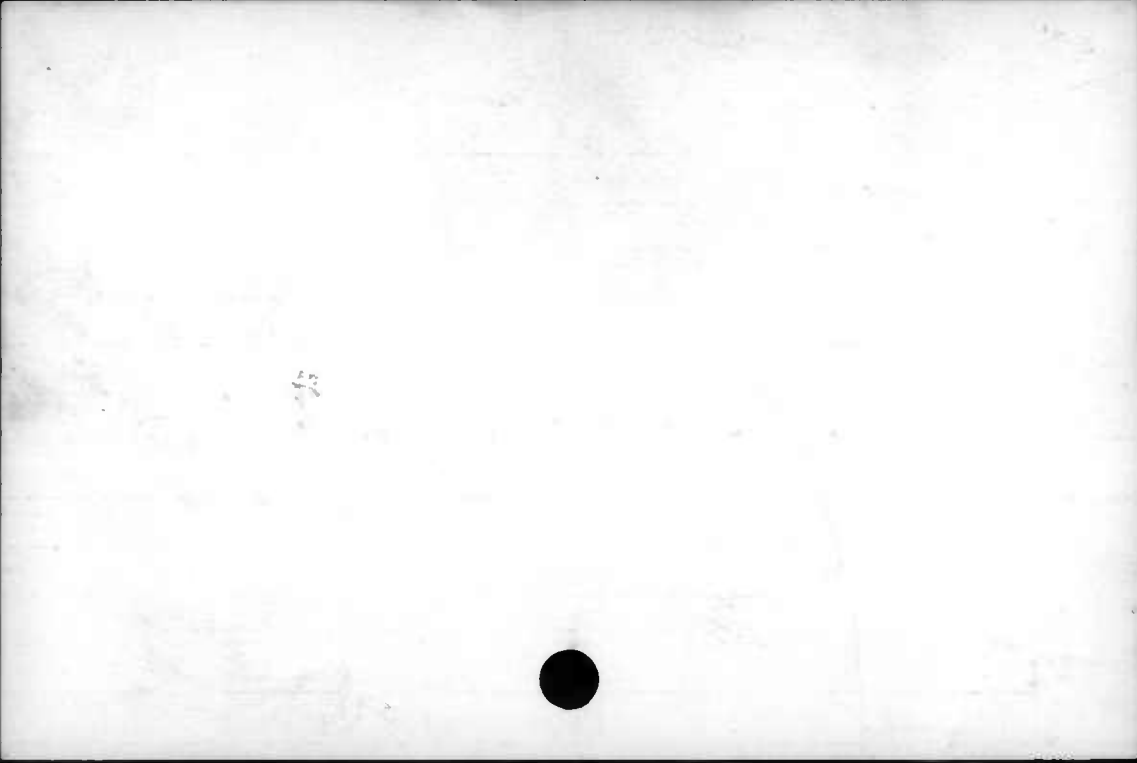
Died at <i>Wolfsville</i> Town		<i>Frederick</i> County		MARYLAND	
Date <i>7/31</i> of death 190 <i>8</i>	Month <i>July</i>	Day <i>31</i>	Age	Years	Months
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Wolfsville</i>		
Married, Single or Widowed <i>Single</i>			Occupation		
Name of Wife or Husband					
Father's Name <i>Jacob Mangines</i>			Father's Birthplace <i>Wolfsville</i>		
Mother's Maiden Name <i>Rebecca Grosnickle</i>			Mother's Birthplace		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

74

PHYSICIAN
OR CORONER

Primary	How long
Immediate <i>Nervous debility</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>E. W. Davison</i>
	Address <i>Wolfsville</i>
Accident or Suicide?	<i>Md.</i>



Name
in
Full

CERTIFICATE OF DEATH

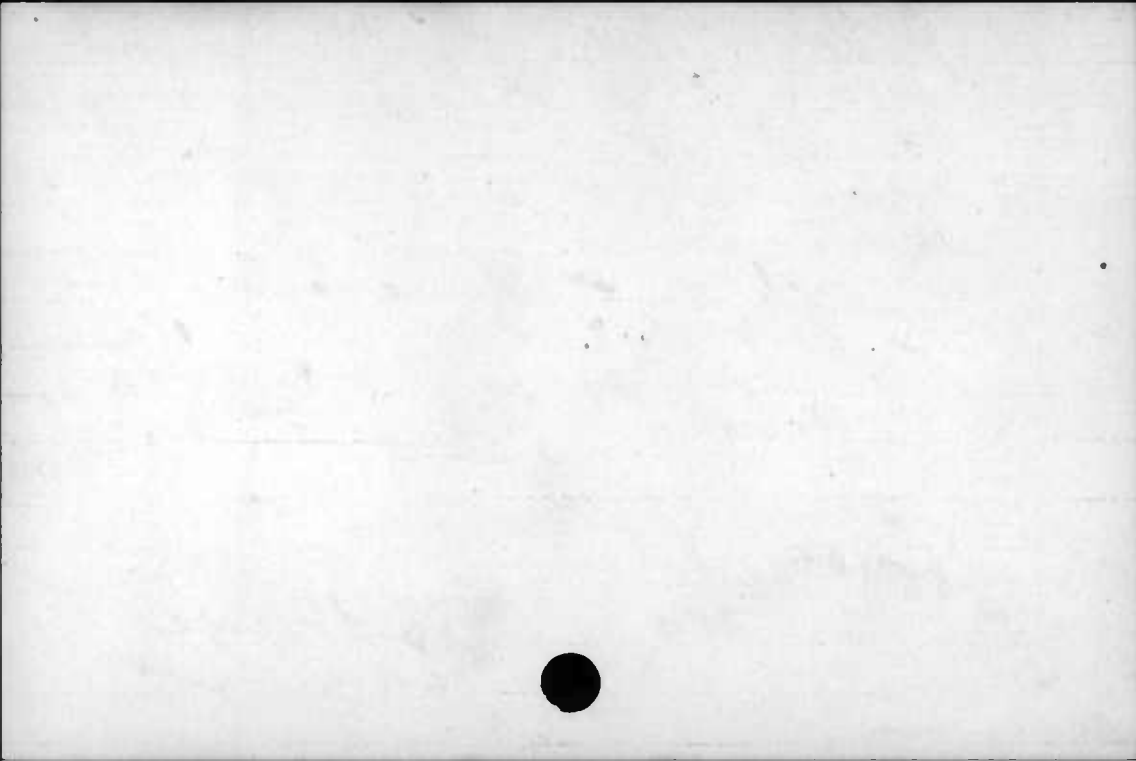
TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>J. J. Martin</i>		Town <i>Brunswick</i>		County <i>Fredrick</i>		State <i>MARYLAND</i>	
Date of death <i>1908</i>		Month <i>July</i>	Day <i>12</i>	Years <i>24</i>	Months <i>—</i>	Days <i>—</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth-place <i>Ala.</i>			
Occupation <i>Blackman</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Grannie Barley</i>					
Father's Name <i>J. J. Mulley</i>				Father's Birthplace <i>Ala.</i>			
Mother's Maiden Name <i>M^cGuire</i>				Mother's Birthplace <i>Ala.</i>			
Name of person giving information <i>Frances Martin</i>				How related to deceased <i>Wife</i>			

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Killed by car</i>	<i>166</i> How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>		Signature of Physician <i>H. H. Hedges</i>
		Address <i>Brunswick</i>
Accident <i>Car</i>		



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

George E. Myers

Town

County

Died at

Frederick City - Frederick Co

MARYLAND

Date

Month

Day

Years

Months

Days

of death

1908 July

31

Age

64

Sex

Male

Color or
Race

White

Birth-
place

Germany

Occupation

Jeweler

Where Residing if not
at place of death

14 Market St

Married, Single,
or WidowedName of Wife or
Husband

Wife Mary Donely

Father's
Name

John Myers

Father's
Birthplace

Germany

Mother's
Maiden Name

Don't know

Mother's
Birthplace

Germany

Name of person giving
Information

Son

How related
to deceased

CAUSES OF DEATH

102

PHYSICIAN
OR CORONER

Primary

Stricture of Oesophagus

How long

2 year

Immediate

Inanition

How long

gradual

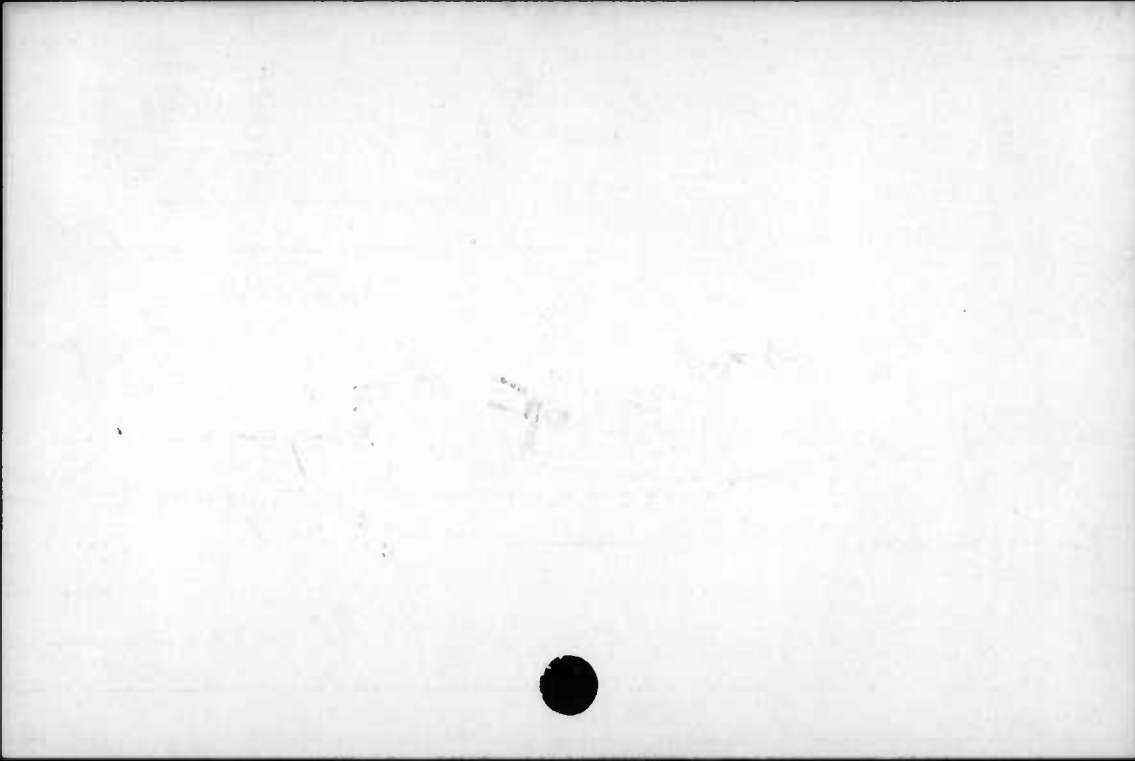
Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

T B Johnson

Address

Frederick Md

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John H. Miller</i>		Town <i>Burkittsville</i>		County <i>Frederick</i>		MARYLAND	
Died at <i>Burkittsville</i>							
Date of death	<i>1908</i>	Month <i>July</i>	Day <i>22</i>	Age <i>0</i>	Years <i>0</i>	Months <i>11</i>	Days <i>26</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Burkittsville</i>				
Occupation <i>none</i>				Where Residing if not at place of death			
Married, Single or Widowed <i>Infant</i>	Name of Wife or Husband						
Father's Name <i>George C. Miller</i>	Father's Birthplace <i>Burkittsville</i>						
Mother's Maiden Name <i>Hattie Kemp</i>	Mother's Birthplace <i>Burkittsville</i>						
Name of person giving information <i>George Miller</i>	How related to deceased <i>Father</i>						

CAUSES OF DEATH

105-

PHYSICIAN
OR CORONER

Primary <i>Dis Colitis</i>	How long <i>2 mo</i>
Immediate <i>Exhaustion</i>	How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Geo. W. Miller</i>
	Address <i>Burkittsville</i>
Accident or Suicide?	<i>no</i>



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Mary Ellen Moberly
 Died at ^{Town} *Fredericks* ^{County} *Fredericks*

MARYLAND

Date of death 1908 ^{Month} *7* ^{Day} *23* ^{Years} *66* ^{Months} *9* ^{Days} *29*

Sex *Female* Color or Race *White* Birth-place *Fredericks Co Md*

Occupation *House Wife* Where Residing if not at place of death *Same*

Married, Single or Widowed *Widow* Name of Wife or Husband *William L. Moberly*

Father's Name *Lewis A. Albaugh* Father's Birthplace *Fr. Co Md*

Mother's Maiden Name *Susan T. Fox* Mother's Birthplace *" " "*

Name of person giving information *Mrs. Harry Rowe* How related to deceased *Daughter*

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary *General Debility* How long *6 months*

Immediate *asthenia* How long *3 days*

Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician *H. P. Fanning M.D.*

Address *Fredericks*

Accident or Suicide? *no*

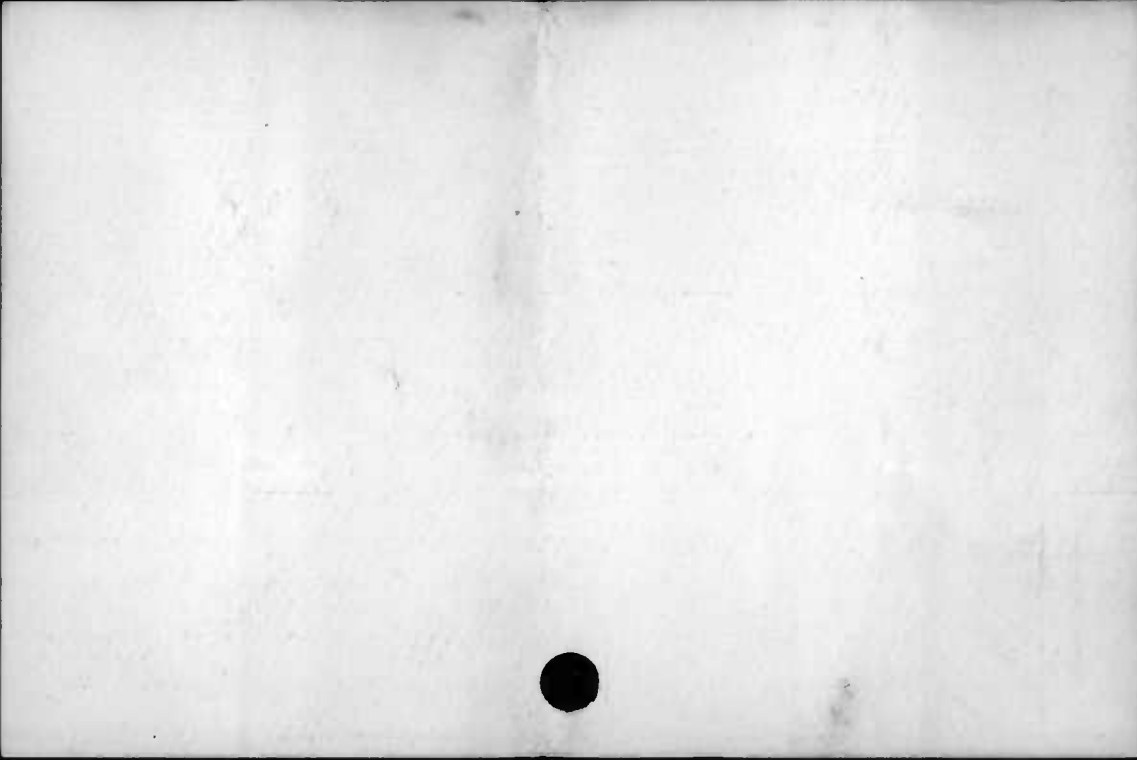
Interment July 26 - 08
" at Mt Olivet Cemetery

Thomas T. Rice F. O.

Dr. Harry T. Fahoney.

Dr. M. C. Curdy

Name in Full		Jno M Patterson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Town Baltimore		County Baltimore		MARYLAND	
	Date of death	1908	Month 7	Day 4	Age 19	Months 8	Days 3
	Sex	Male		Color or Race	White		Birth-place
	Occupation	Clerk		Where Residing if not at place of death		Washington D.C.	
	Married, Single or Widowed	Single		Name of Wife or Husband		X	
	Father's Name	Wm Patterson				Father's Birthplace	
	Mother's Maiden Name	Bess Miller				Mother's Birthplace	
	Name of person giving information	Ellen Borden				How related to deceased	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="display: flex; justify-content: space-between;"> <div> <p>Primary <u>Browned</u></p> <p>Immediate <u>Suffocation</u></p> <p>Are the name, age, sex, color, date and place correctly given above? <u>yes.</u></p> <p>Accident or Suicide? <u>Accident</u></p> </div> <div style="border: 2px solid black; border-radius: 50%; padding: 10px; text-align: center; width: 100px;">172</div> <div> <p>How long <u>Immediate</u></p> <p>How long <u>Immediate</u></p> <p>Signature of Physician <u>W. E. Seelye</u></p> <p>Address <u>Baltimore</u></p> </div> </div>							
PHYSICIAN OR CORONER							



Name
in
Full

William Bayliss

CERTIFICATE OF DEATH

MARYLAND

Died at 13 Brunswick Town
Date of death 1908 July 15
Age 15
Months 3
Days 3

Sex Male Color or Race white Birthplace Brunswick

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name William Bayliss Father's Birthplace Va

Mother's Maiden Name Alice Harmon Mother's Birthplace Pa

Name of person giving information Walter Bayliss How related to deceased Uncle

CAUSES OF DEATH

119

Primary Kidney complications
Immediate Convulsions
How long 3 day 5
How long 6 hours

Are the name, age, sex, color, date and place correctly given above? yes

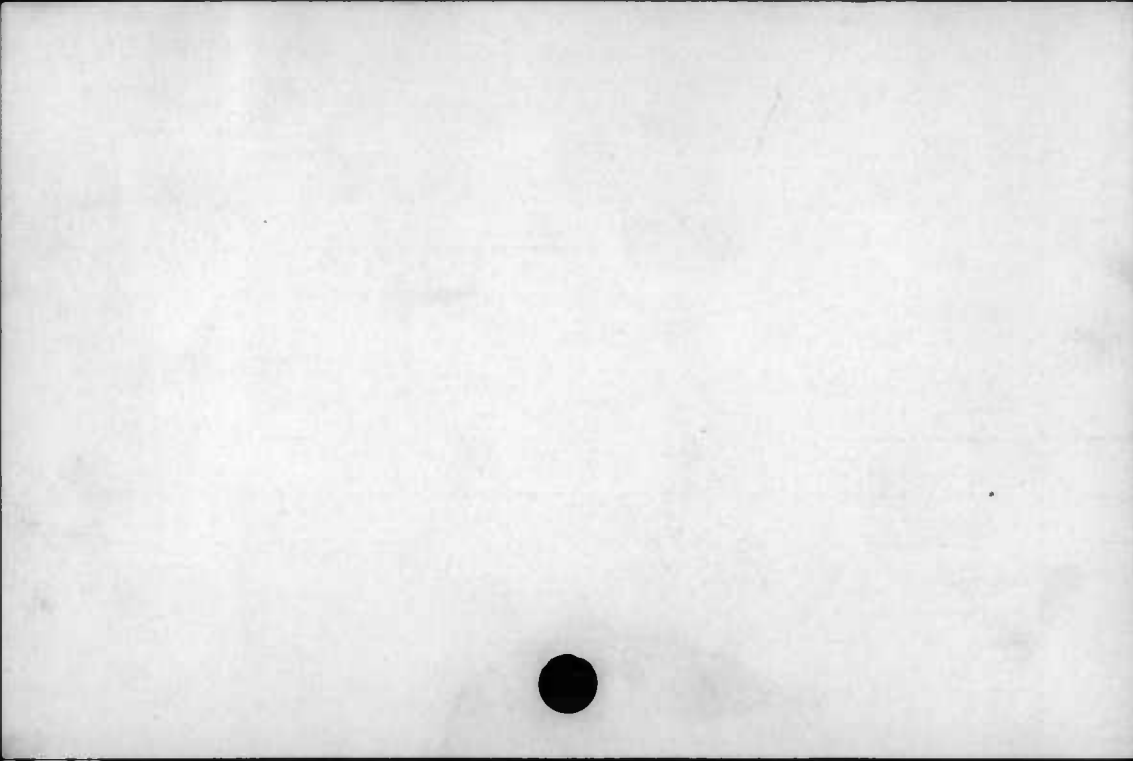
Signature of Physician A. Storin

Address Brunswick

Accident or Suicide? no

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Name
in
FullTO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER

CERTIFICATE OF DEATH

Name in Full <i>George W. Reaver</i>		Town <i>near Corro Corner</i>		County <i>Fredrick</i>		MARYLAND							
Died <i>near</i>		Date of death <i>1908</i>		Month <i>7</i>		Day <i>22</i>		Age Years <i>21</i>		Months <i>7</i>		Days <i>6</i>	
Sex <i>Male</i>		Color or Race <i>White</i>		Birth- place <i>Canoll Co., Md.</i>									
Occupation <i>Laborer</i>				Where Residing if not at place of death <i>near Corro Corner, Md.</i>									
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband											
Father's Name <i>George F. Reaver</i>				Father's Birthplace <i>Canoll Co., Md.</i>									
Mother's Maiden Name <i>Hannah Long</i>				Mother's Birthplace <i>Fredrick Co., Md.</i>									
Name of person giving In formation <i>George F. Reaver</i>				How related to deceased <i>Father,</i>									
CAUSES OF DEATH													
Primary <i>Pulmonary Tuberculosis</i>		How long <i>one year</i>											
Immediate <i>Cardiac Exhaustion</i>		How long <i>one week</i>											
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>				Signature of Physician <i>Dr. T. Crank</i>									
Address <i>Taylorville</i>													
Accident or Suicide? <i>2</i>													

Butler

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name Mrs. Retberg, **Town** Sabilla **County** Frederick **State** MARYLAND

Died at Sabilla **Month** July **Day** 20 **Age** 39 yrs **Months** **Days**

Date of death 1908 **Sex** Female **Color or Race** White American **Birth-place** Cumberland Md

Occupation None **Where Residing if not at place of death** Balto. Md.

Married, Single or Widowed Married **Name of Wife or Husband** Mr H Retberg

Father's Name John H Doonan **Father's Birthplace** Ireland

Mother's Maiden Name Ellen Brennan **Mother's Birthplace** " " "

Name of person giving Information Mr H Retberg **How related to deceased** Husband

CAUSES OF DEATH

26

PHYSICIAN
OR CORONER

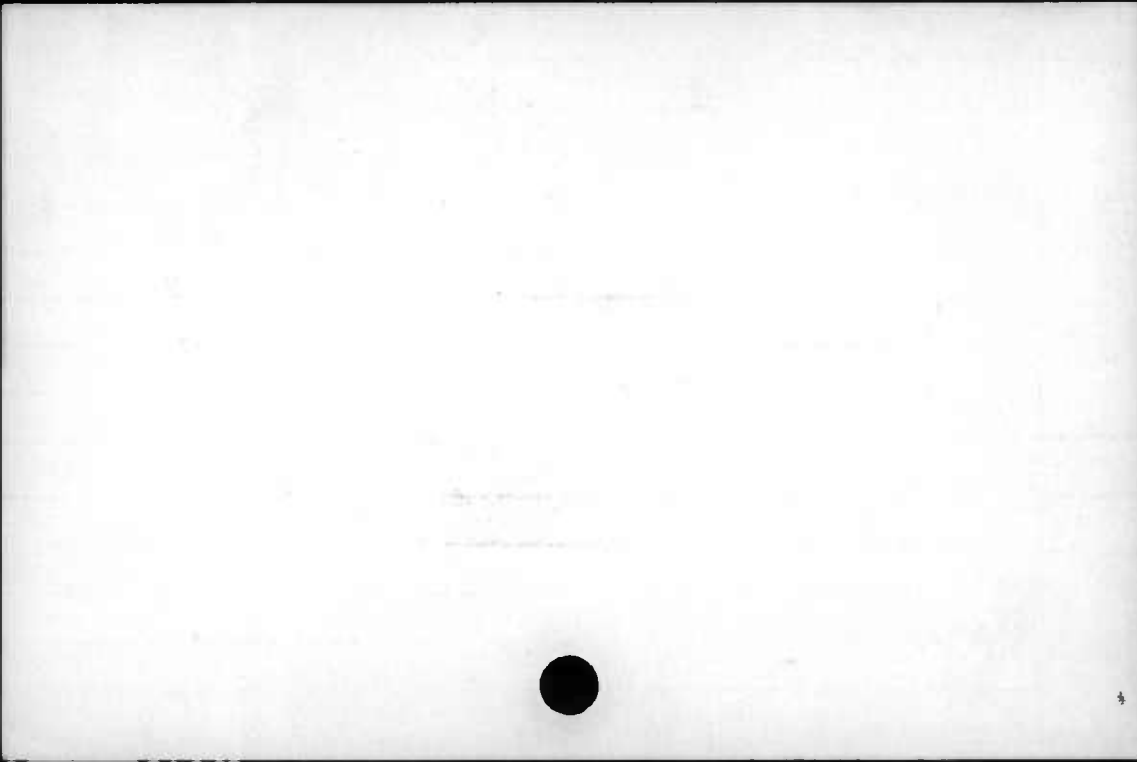
Primary Laryngeal Tuberc **How long** 2 mos

Immediate Dyspnoea **How long** 3 days

Are the name, age, sex, color, date and place correctly given above? Yes **Signature of Physician** August Horn M D

Address St Paul + 25th St -
Baltimore Md

Accident or Suicide? ✓



Name
in
Full

Mrs Emma Jane Rice

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Knoxville		County Frederick		MARYLAND	
Date	Month	Day	Years	Months	Days		
of death	1908	July	13	Age	54	9	23
Sex	Female		Color or Race	white		Birth-place	Maryland
Occupation	Housewife			Where Residing if not at place of death Knoxville			
Married, Single or Widowed	Married		Name of Wife or Husband	Chas. Q. Rice			
Father's Name	Jas. J. Reely				Father's Birthplace	Maryland	
Mother's Maiden Name	Martha				Mother's Birthplace	Maryland	
Name of person giving information	Chas. Q. Rice				How related to deceased	Husband	

CAUSES OF DEATH

27

How long

12 mos.

How long

2 mos.

PHYSICIAN
OR CORONER

Primary

Tuberculosis

Immediate

Exhaustion

Are the name, age, sex, color, date and place correctly given above?

Yes

Signature of Physician

Address

B. B. Ranson

Harpers Ferry W. Va.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at ^{Town} *Middleton* ^{County} *Portchar* *Fredk. Md.*

Date of death | 908 | ^{Month} *July* | ^{Day} *20* | ^{Years} | ^{Months} | ^{Days} *6 hrs*

Sex *male* | Color or Race *white* | Birth-place *Middleton Md*

Occupation | Where Residing if not at place of death

Married, Single or Widowed

Name of Wife or Husband

Father's Name *Theodore Routzahn*

Father's Birthplace *Md.*

Mother's Maiden Name *Esty May Yankins*

Mother's Birthplace *Md.*

Name of person giving information *Theodore Routzahn*

How related to deceased *Father*

CAUSES OF DEATH

152

PHYSICIAN
OR CORONER

Primary *not known*

How long

Immediate *Hemorrhage of bowels*

How long *15 minutes*

Are the name, age, sex, color, date and place correctly given above?

Yes

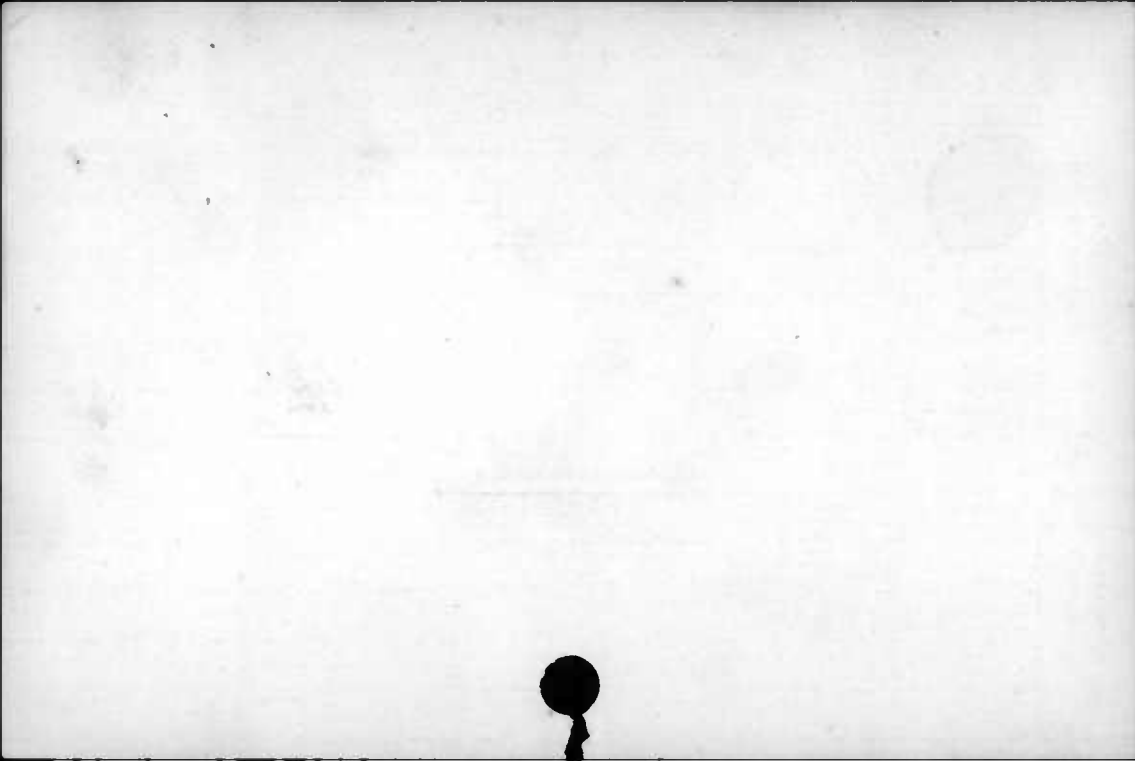
Signature of Physician

R. V. Hawer

Address

Middleton Md.

Accident or Suicide?



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Jno H S Rudy

Died at *Bartonsville* ^{Town} *Frederick* ^{County} **MARYLAND**

Date of death *1908* ^{Month} *July* ^{Day} *14* Age *71* ^{Years} ^{Months} ^{Days}

Sex *Male* Color or Race *White* Birth-place *Frederick County*

Occupation *Retired Farmer* Where Residing if not at place of death

Married, Single or Widowed *Married* Name of Wife or Husband *Annie Grove*

Father's Name *Daniel Rudy* Father's Birthplace *Frederick County*

Mother's Maiden Name *Susan Whelan* Mother's Birthplace *" "*

Name of person giving information *Mrs Annie G Rudy* How related to deceased *Wife*

CAUSES OF DEATH

64

PHYSICIAN
OR CORONER

Primary *Arterio Sclerosis* How long *5 years*

Immediate *Cerebral Hemorrhage* How long *4 days*

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician *Thos B Johnson*

Address *Frederick, Md.*

Accident or Suicide?

Interment No Cemetery 7/17 08
Cemetery

Name

in
Full

CERTIFICATE OF DEATH

Ridgely Coale Sappington

Town

County

Died at

Frederick

Frederick

MARYLAND

Date

1908

Month

July

Day

12

Years

Age 21

Months

Days

Sex

male

Color or
Race

white

Birth-
place

Frederick Co. Md.

Occupation

Farmer

Where Residing if not
at place of death

Liberty Town Md.

Married, Single
or Widowed

Single

Name of Wife or
HusbandFather's
Name

Richard Coale Sappington

Father's
Birthplace

Unionville Md.

Mother's
Maiden Name

Laura Garrett

Mother's
Birthplace

Knopples

Name of person giving
informationHow related
to deceased

CAUSES OF DEATH

Primary

Streptococcus Infection.

How long

4 days

Immediate

Pyemia.

How long

2 day 0

Are the name, age, sex, color, date
and place correctly given above?

yes.

Signature of
Physician

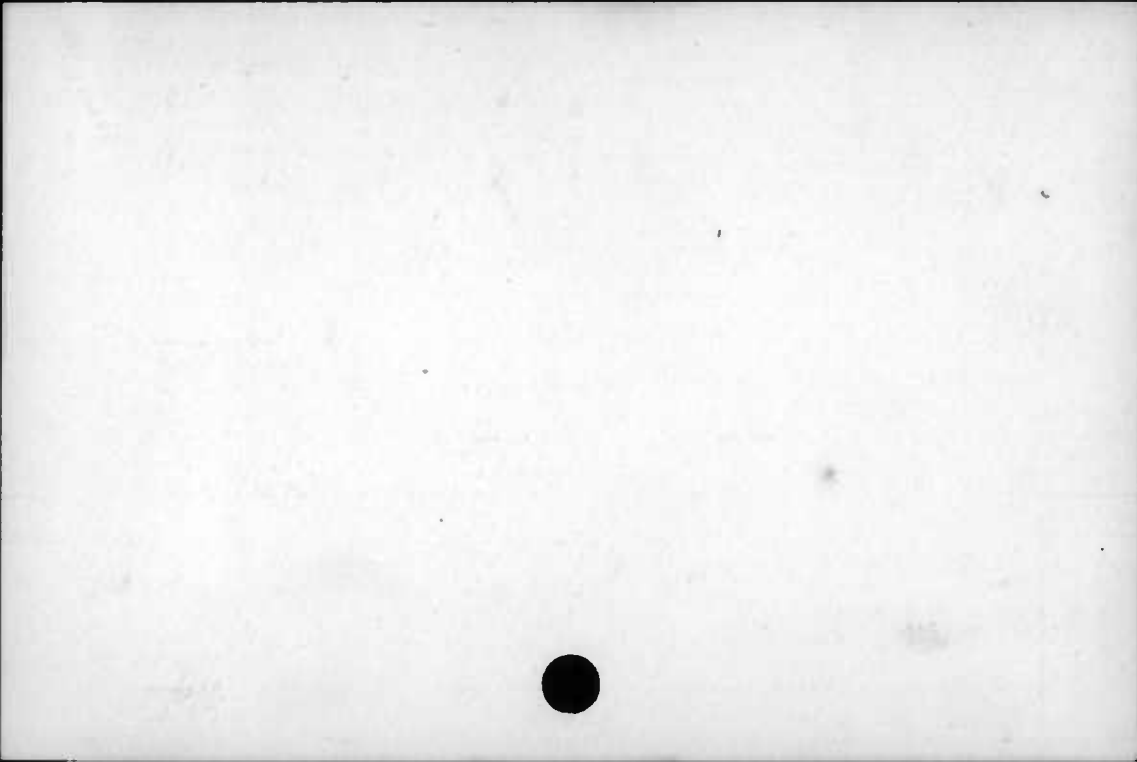
Clifford J. Sappington.

Address

Frederick,
Maryland.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John A. Scoggins</i>		Town <i>Linne Kiln</i>		County <i>Fredricks</i>		MARYLAND	
Died at <i>Linne Kiln</i>		Month <i>7</i>		Day <i>4</i>		Years <i>31</i>	
Date of death <i>1908</i>		Month <i>7</i>		Day <i>4</i>		Age <i>31</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Fredricks Md</i>		Months <i>51</i>	
Occupation <i>Laborer</i>		Where Reaiding if not at place of death <i>Same</i>		Days <i>22</i>			
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>Carrie Diggs</i>		Father's Birthplace <i>Fredricks Md</i>			
Father's Name <i>Wm H. Scoggins</i>		Mother's Maiden Name <i>Sarah J. Barnes</i>		Mother's Birthplace <i>" " "</i>			
Name of person giving Information <i>Mrs. Carrie Scoggins</i>		How related to deceased <i>Wife</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<i>Struck by R.R. Train</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>J. Clyde Routson</i>
		Address <i>Buckeystown</i>
Accident or Suicide <i>—</i>		

Interment July 7 - 09

" at St Josephs Cemetery

Thomas P. Rice F.D.

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name *no name* Slifer
County *Fredricks*

Died at *Burkittsville* Town *Burkittsville* County *Fredricks*

Date of death *1908* Month *July* Day *10* Age *Years* Months *Days*

Sex *Male* Color or Race *White* Birth-place *Ind*

Occupation Where Residing if not at place of death

Married, Single or Widowed Name of Wife or Husband

Father's Name *Maurice Slifer* Father's Birthplace *Ind*

Mother's Maiden Name *Viola Rice* Mother's Birthplace *Ind*

Name of person giving information *Maurice Slifer* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary *Premature Birth* How long *(S)*

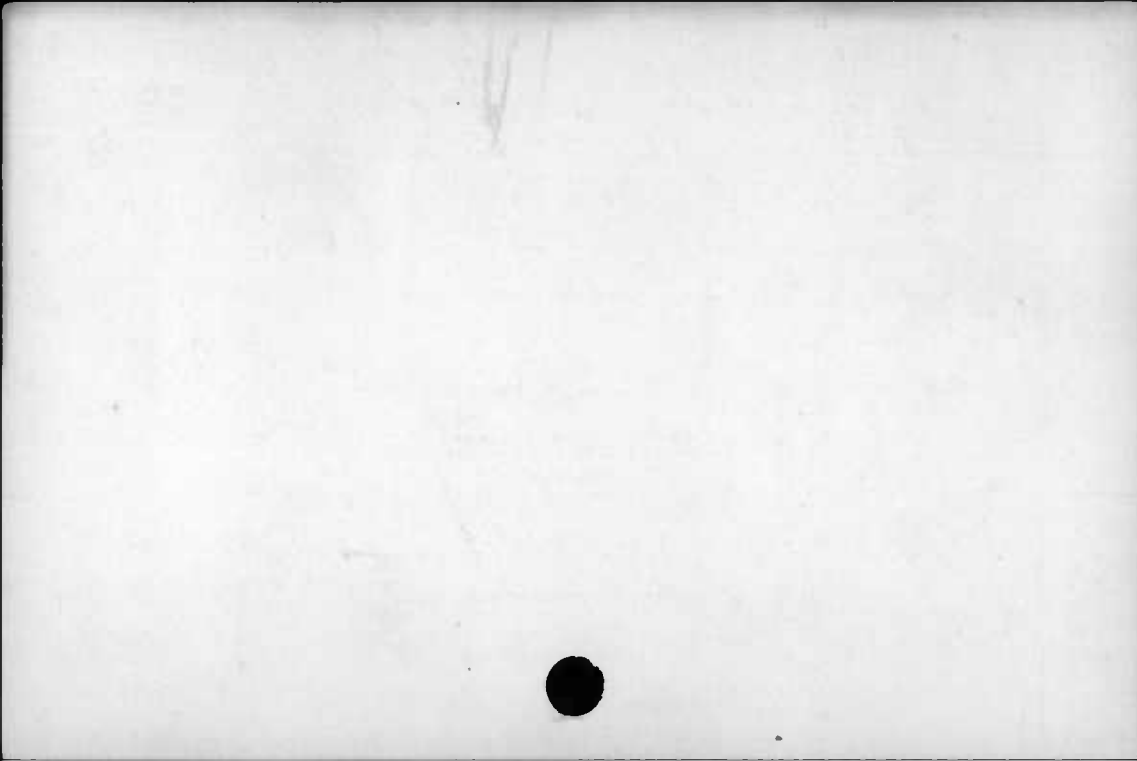
Immediate How long

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *George G. Ginter*

Address *Burkittsville*

Accident or Suicide? *Ind*



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at *Fredricks* Town*Smith*
Fredricks CountyDate of death *1908* *July* MonthDay *22*Age *—* YearsMonths *—*Days *1*Sex *Female*Color or Race *C.*Birth-place *MD*

Occupation

*X*Where Residing if not
at place of death*V*Married, Single
or Widowed *S.*Name of Wife or
Husband *X*Father's Name *Unknown*Father's Birthplace *—*Mother's Maiden Name *Julia Smith*Mother's Birthplace *Ind*Name of person giving
Information *Kate Speaks*How related
to deceased *Daughter*

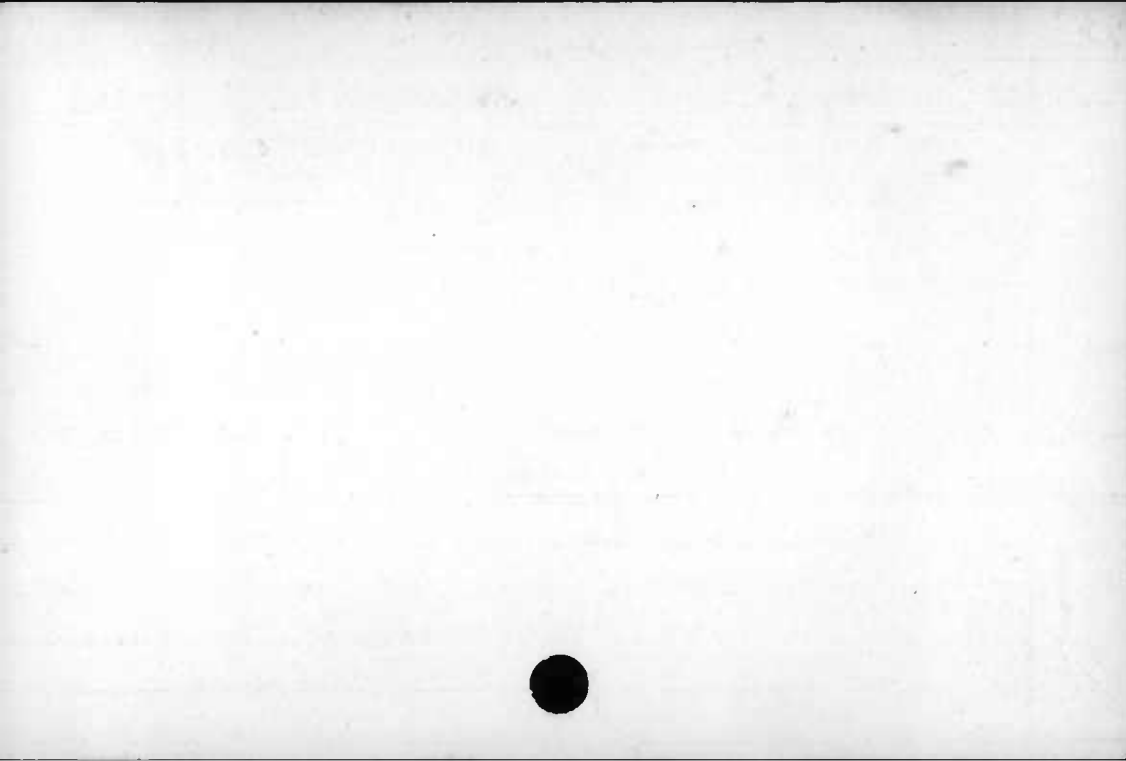
CAUSES OF DEATH

Primary *Stell Bone*How long *—*Immediate *—*How long *—*Are the name, age, sex, color, date
and place correctly given above? *Yes.*Signature of
Physician

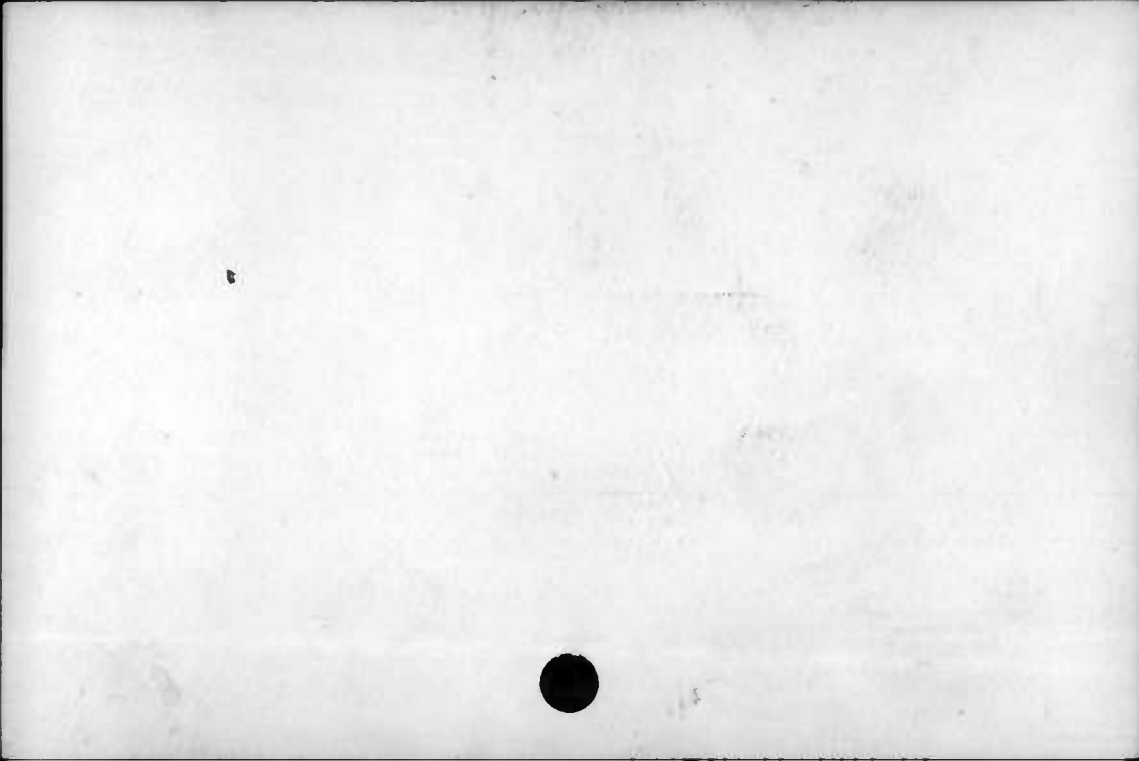
Address

J. M. Curdy, M.D.
Fredricks

Accident or Suicide?



Name in Full		Ann Elizabeth Smith				CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at Town <i>Graceham</i>		County <i>Fredesic</i>		MARYLAND		
		Date of death <i>1908</i>		Month <i>July</i>	Day <i>17</i>	Age <i>84</i>	Months <i>9</i>	Days <i>19</i>
		Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Taneytown Ind</i>		
		Occupation <i>Home Wife</i>		Where Residing if not at place of death				
		Married, Single or Widowed. <i>Married</i>		Name of Wife or Husband <i>M. A. Smith</i>				
Father's Name <i>Paul Haugh</i>		Father's Birthplace <i>Taneytown Ind</i>						
Mother's Maiden Name <i>Ann Elizabeth Haugh</i>		Mother's Birthplace <i>" "</i>						
Name of person giving information <i>M. A. Smith</i>		How related to deceased <i>Hus Band</i>						
		CAUSES OF DEATH				41		
PHYSICIAN OR CORONER		Primary <i>Cancer of bowels</i>		How long <i>1 year</i>				
		Immediate <i>Anemia + hemorrhage</i>		How long <i>1 week</i>				
		Are the name, age, sex, color, date and place correctly given above? <i>don't know</i>		Signature of Physician <i>Morris A. Buel</i>				
				Address <i>Thurmont</i>				
Accident or Suicide? <i>~</i>						<i>Wds</i>		



Name
in
Full

Franklin Howard Smith

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

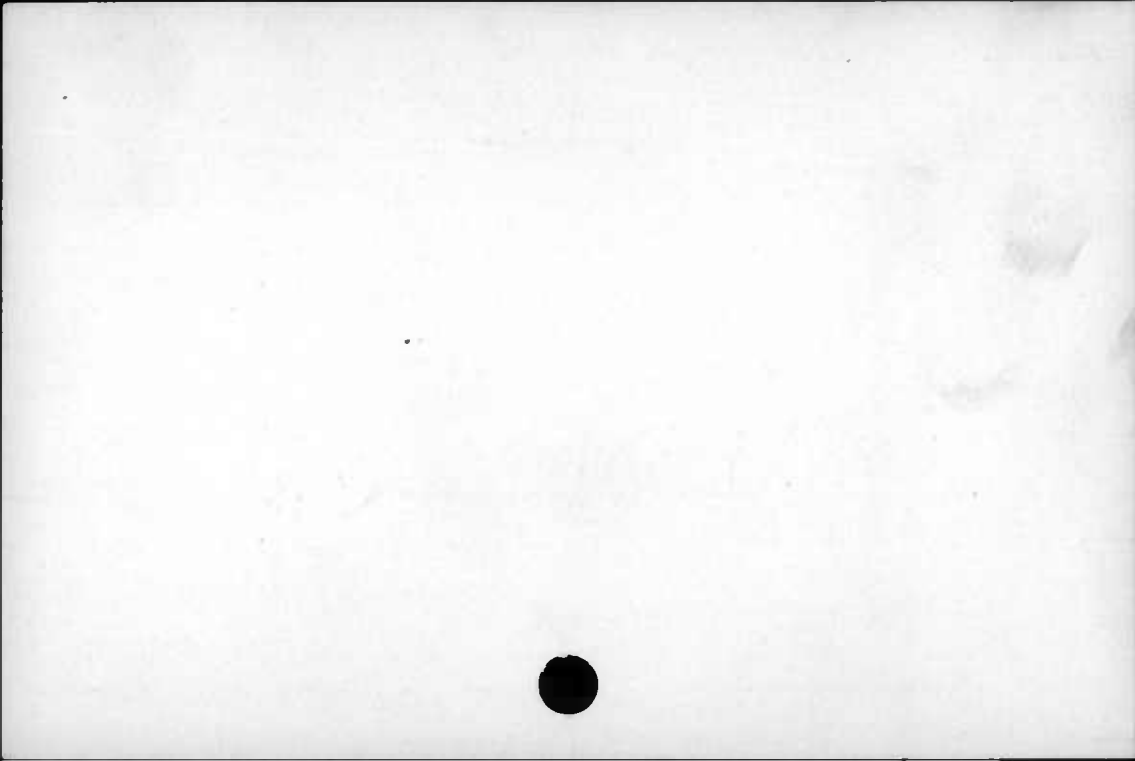
Died at <i>Braddock Heights</i> ^{Town}		<i>Indeuel</i> ^{County}		MARYLAND	
Date of death <i>1908</i> ^{Month} <i>July</i> ^{Day} <i>27</i>	Age <i>18</i> ^{Years}		Months <i>18</i>		Days
Sex <i>Male</i>	Color or Race <i>white</i>	Birth-place <i>Baltimore Md.</i>			
Occupation <i>Infant</i>	Where Residing if not at place of death <i>Baltimore Md.</i>				
Name of Child	Name of Wife or Husband <i>X</i>				
Father's Name <i>Franklin Howard Smith</i>	Father's Birthplace <i>Do not know</i>				
Mother's Maiden Name <i>Do not know</i>	Mother's Birthplace <i>Do not know</i>				
Name of person giving information <i>W. H. B. Elchman</i>	How related to deceased <i>Underwriter</i>				

CAUSES OF DEATH

104

PHYSICIAN
OR CORONER

Primary <i>Acute Gastritis</i>	How long <i>24 hours.</i>
Immediate <i>Convulsions</i>	How long <i>Immediate.</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>D. B. Johnson.</i>
	Address <i>Indeuel</i>
Accident or Suicide?	



Name
in
Full

Sarah Stauffer

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Halkersville

Date

of death 1908

Month

July

Day

23

Years

Age

77

Months

Days

Sex

female

Color or
Race

White

Birth-
place

Halkersville?

Occupation

housewife

Where Residing if not
at place of death

place of death

Married, Single
or WidowedName of Wife or
Husband

Daniel E. Stauffer

Father's
Name

Sweeney

Father's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
Information

J. D. Nicodemus

How related
to deceased

is his wife

CAUSES OF DEATH

79

Primary

Cardiac drop

How long

with

How long

months

Immediate

Pulmonary abscess

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

J. D. Nicodemus

Halkersville

Md.

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Clara Stambaugh

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

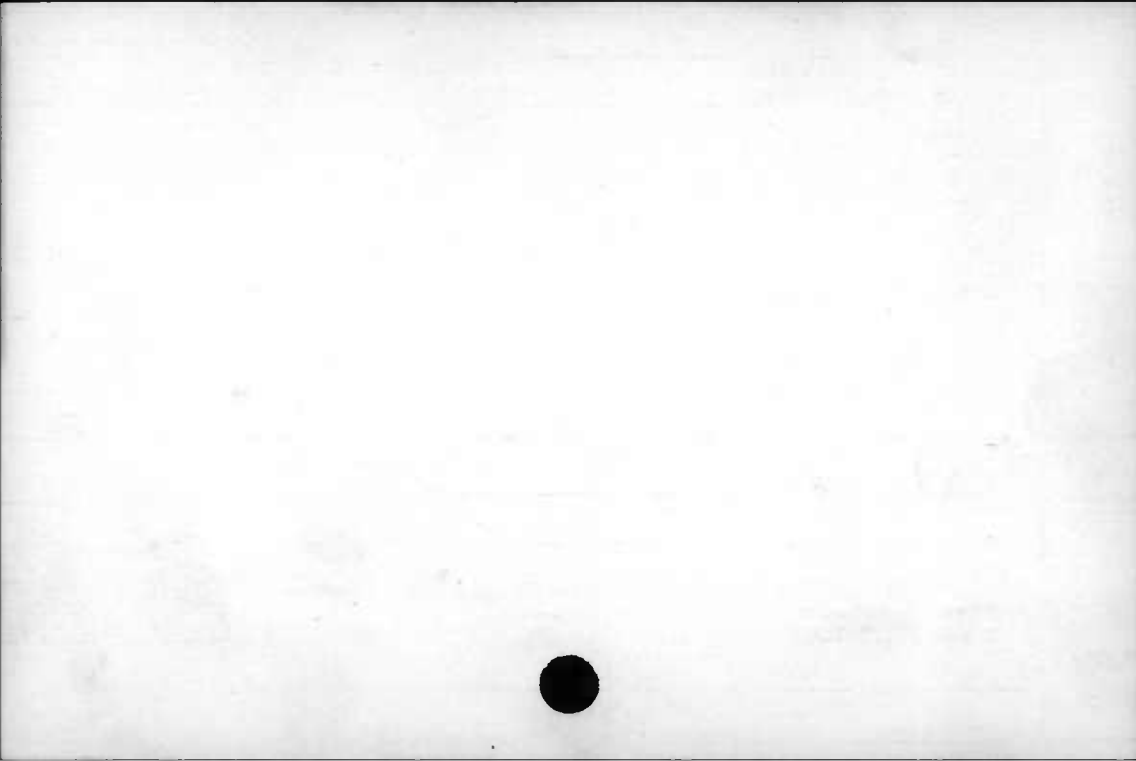
Died at Indiana		Town Indiana		County Indiana		MAYLAND	
Date of death 1905	Month July	Day 21	Age 38	Years 38	Months do not know	Days do not know	
Sex Female	Color or Race White		Birthplace do not know				
Occupation Housewife	Where Residing if not at place of death Tocoy Ridge Ind.						
Married, Single or Widowed Married	Name of Wife or Husband Samuel Stambaugh						
Father's Name Albert L. Powell	Father's Birthplace Leicester Ind.						
Mother's Maiden Name Lorina F. Schaeffer	Mother's Birthplace Leicester Ind.						
Name of person giving information Samuel Stambaugh	How related to deceased Husband						

CAUSES OF DEATH

130

PHYSICIAN
OR CORONER

Primary Per-pulmonary abscess (Streptococcus origin)	How long Two weeks.
Immediate Hypertension causing heart failure	How long Four days.
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician V. B. Johnson M.D.
	Address Indiana Ind.
Accident or Suicide?	



Name
in
Full

Annie Steward

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Mountview</i> ^{Town}		<i>Fredt</i> ^{County}		MARYLAND	
Date of death <i>1908 July</i>	Month <i>July</i>	Day <i>3</i>	Age <i>37</i>	Months	Days
Sex <i>Female</i>	Color or Race <i>Black</i>		Birth-place <i>MD</i>		
Occupation <i>None</i>		Where Residing if not at place of death <i>X</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>+</i>				
Father's Name <i>Robert Steward</i>	Father's Birthplace <i>MD</i>				
Mother's Maiden Name <i>Don't know</i>	Mother's Birthplace <i>Don't know</i>				
Name of person giving information <i>Mason</i>	How related to deceased <i>None</i>				

CAUSES OF DEATH

36

PHYSICIAN
OR CORONER

Primary <i>Insanity superinduced by Syphilis</i>	How long <i>Several years</i>
Immediate <i>Exhaustion</i>	How long <i>Several weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>As near as could be ascertained</i>	Signature of Physician <i>U. G. Bourne M.D.</i>
Address <i>Mountview Hospital Frederick Co. Md.</i>	
Accident or Suicide? <i>Neither</i>	



Name
in
Full

Ada Bertha Stutz No 10.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Momona</i> ^{Town}		<i>Frederick</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	Month <i>July</i>	Day <i>9th</i>	Age <i>19</i>	Months <i>0</i>	Days <i>0</i>
Sex <i>Female</i>	Color or Race <i>White</i>	Birth-place <i>Baltimore</i>			
Occupation <i>None</i>	Where Residing if not at place of death <i>Richmond</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Herbert M. Stutz</i>				
Father's Name <i>R. A. Woodard</i>	Father's Birthplace <i>Richmond</i>				
Mother's Maiden Name <i>Mary H. Saisbury</i>	Mother's Birthplace <i>Baltimore</i>				
Name of person giving information <i>Ada W. Stutz</i>	How related to deceased <i>Mother-in-law</i>				

CAUSES OF DEATH

137

PHYSICIAN
OR CORONER

Primary	<i>Puerperal Fever</i>	How long <i>5 days</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>H. H. Hopkins M.D.</i>
Accident or Suicide? <i>no</i>		Address <i>New Market Frederick Co. Md.</i>



CERTIFICATE OF DEATH

Died at new market		County Frederick		State MARYLAND	
Date of death 1908	Month 7	Day 11	Age 79	Months	Days
Sex Female		Color or Race white		Birth-place newMarket	
Occupation NW		Where Residing if not at place of death <input checked="" type="checkbox"/>			
Married, Single or Widowed Married	Name of Wife or Husband Daniel Swomley				
Father's Name Jacob Trayer	Father's Birthplace Pennsylvania				
Mother's Maiden Name Sarah Shider	Mother's Birthplace New Market				
Name of person giving Information Daniel Swomley	How related to deceased Husband				

CAUSES OF DEATH

Primary	Chronic Brights Disease		How long	1 Year
Immediate	Exhaustion		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	Wm. F. Fordham, M.D.	
Accident or Suicide?		Address	Frederick, Md.	

W. E. Palmer
New Market

Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

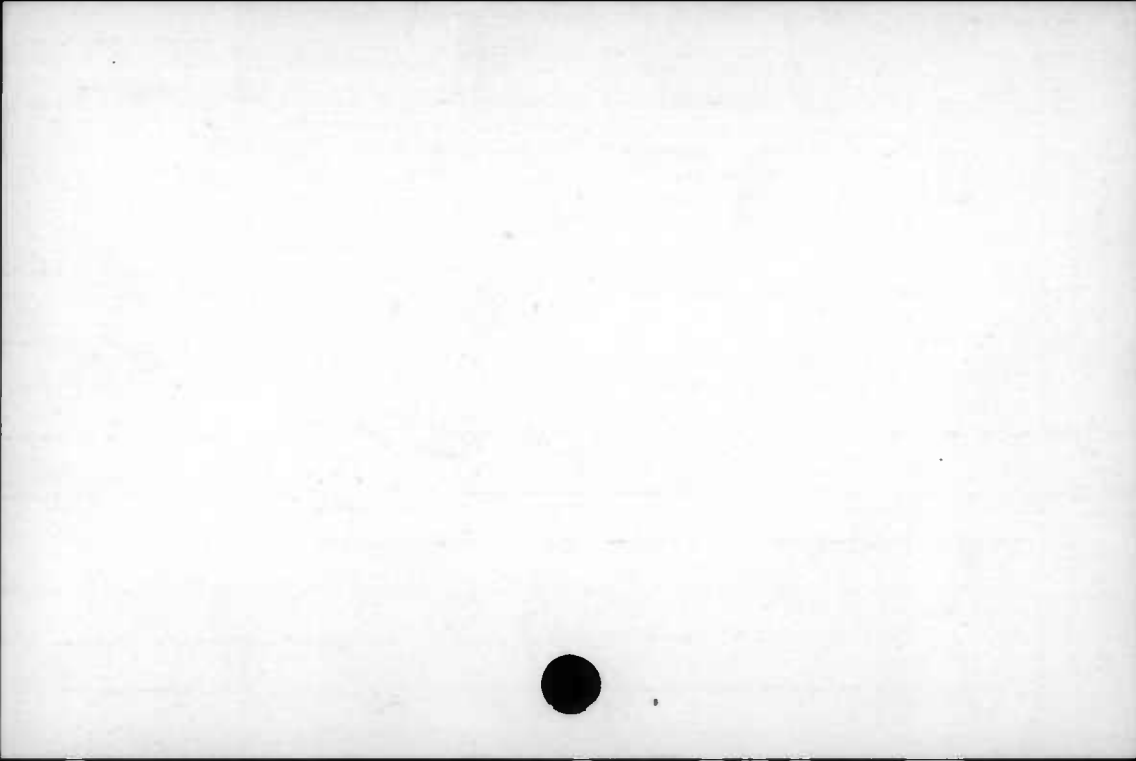
Died at <i>Walkersville</i> ^{Town}		<i>Fredrick</i> ^{County}		MARYLAND	
Date of death <i>1908</i>	<i>7</i> ^{Month}	<i>13</i> ^{Day}	Age <i>1</i> ^{Years}	<i>—</i> ^{Months}	<i>3</i> ^{Days}
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Walkersville</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>William Wachter</i>			Father's Birthplace <i>Ind. Co</i>		
Mother's Maiden Name <i>Ida Annan</i>			Mother's Birthplace <i>Ind. Co</i>		
Name of person giving information <i>Mrs. H. G. Putnam</i>			How related to deceased <i>Niece</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Gastro-enteritis</i>	How long <i>10 days</i>
Immediate <i>Marasmus</i>	How long <i>8 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>J. M. Long</i>
<i>X</i>	Address <i>Walkersville Md.</i>
Accident or Suicide?	



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Name in Full <i>John Weeden</i>		Town <i>Marble Hope Hill</i>		County <i>Fredericks</i>		MARYLAND	
Died at <i>Marble Hope Hill</i>		Month <i>7</i>		Day <i>24</i>		Age <i>5</i>	
Date of death <i>1908</i>		Month <i>7</i>		Day <i>24</i>		Age <i>5</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth-place <i>Fredericks Co Md</i>			
Occupation <i>—</i>		Where Residing if not at place of death <i>Same</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>William Weeden</i>		Father's Birthplace <i>Fredericks Co Md</i>					
Mother's Maiden Name <i>Ella Brown</i>		Mother's Birthplace <i>" " "</i>					
Name of person giving Information <i>F. R. Neighbours</i>		How related to deceased <i>Not at all</i>					

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long	
Immediate <i>Cholera Infantum</i>		How long	
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>None in attendance</i>	
Address			
Accident or Suicide <i>—</i>			

Interment July 25—1908

" " at Hope Hill Cemetery

~~Thomas P. Fiske~~

Family in charge.

Name
in
Full

William Wrigand

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

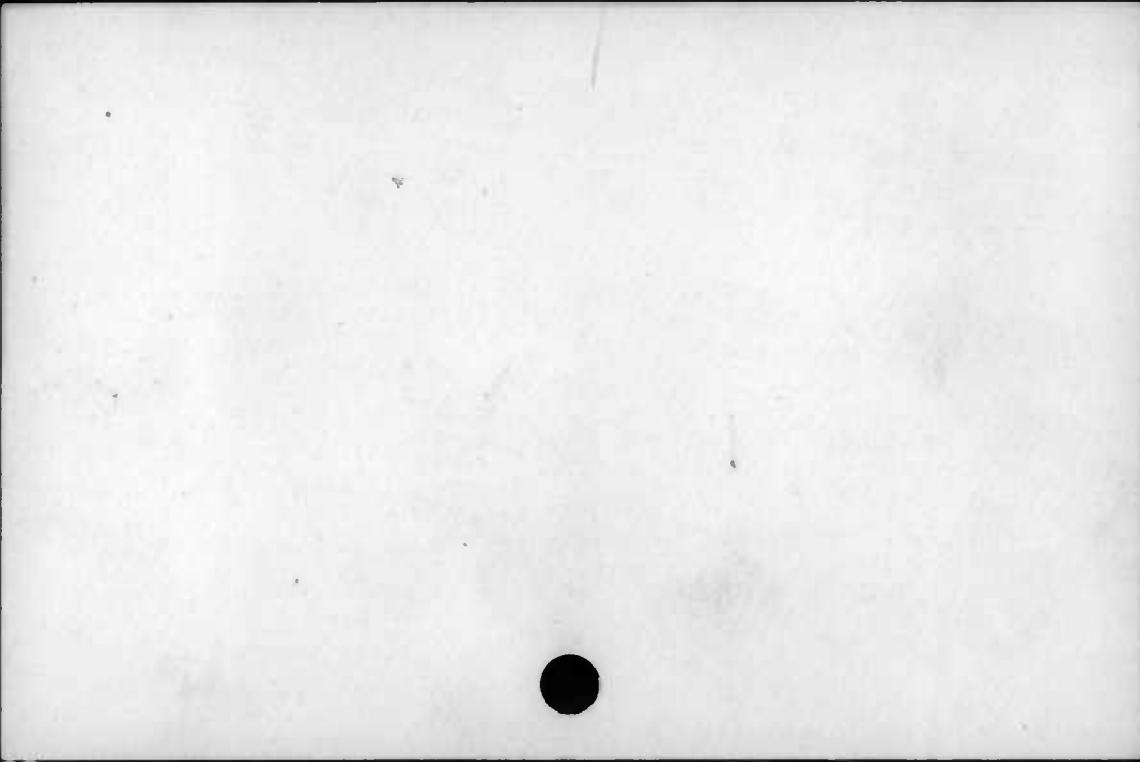
Died at		Town Emmichburg		County Frederick		MARYLAND	
Date of death		Month July	Day 28	Years 68	Months 10	Days 29	
Sex Male		Color or Race White		Birth-place Maryland			
Occupation Farmer		Where Residing if not at place of death					
Married, Yes		Name of Wife or Husband Mauda Wrigand					
Father's Name John Wrigand		Father's Birthplace Germany					
Mother's Maiden Name Mary Snyder		Mother's Birthplace					
Name of person giving information Mary Wrigand		How related to deceased Wife					

CAUSES OF DEATH

118

PHYSICIAN
OR CORONER

Primary	Acute Suppurative Appendicitis	How long	3 Weeks
Immediate	General Peritonitis	How long	3 days
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Dr. W. S. Lins	
		Address Emmichburg	
Accident or Suicide?			



Name
in
Full

Josephine B. Weeks

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at		Town Brunswick		County Frederick		State MARYLAND	
Date of death		Month July	Day 23	Age —	Years —	Months 9	Days —
Sex Female		Color or Race White		Birth-place Md			
Occupation —				Where Residing if not at place of death —			
Married, Single or Widowed Single		Name of Wife or Husband —					
Father's Name Melbert F. Weeks		Father's Birthplace Md		Mother's Birthplace Md			
Mother's Maiden Name Josephine Bathnagle		Mother's Birthplace Md		How related to deceased Father			
Name of person giving information Melbert F. Weeks							

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary	Cholera infection	How long	10 days
Immediate	exhaustion	How long	2 days
Are the name, age, sex, color, date and place correctly given above? Yes		Signature of Physician Linn West	
		Address Brunswick Frederick Co	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

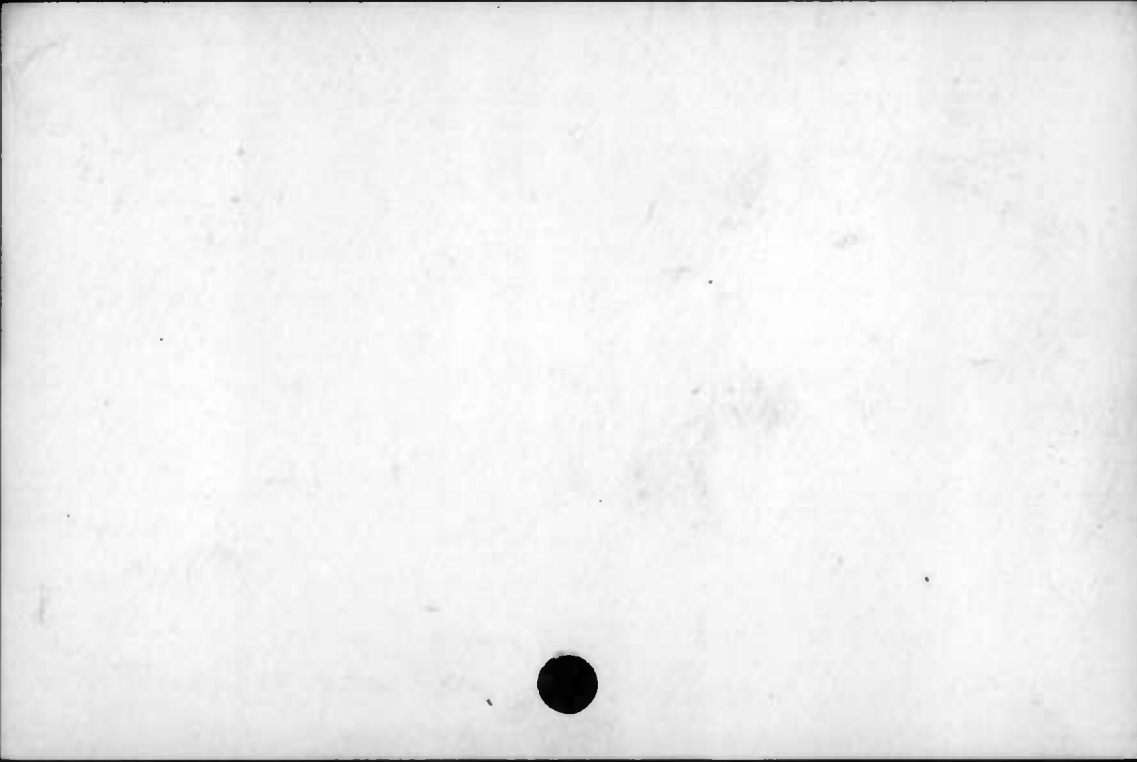
Died at <i>Unionville</i> <small>Town</small>		<i>Frederick</i> <small>County</small>		MARYLAND	
Date of death <i>1908 July</i> <small>Month</small>		<i>23</i> <small>Day</small>		<i>1</i> <small>Months</small>	
Age <i>20</i> <small>Years</small>		Sex <i>girl</i>		Color or Race <i>White</i>	
Birthplace <i>Frederick</i>		Occupation		Where Residing if not at place of death <i>Unionville</i>	
Married, Single or Widowed		Name of Wife or Husband			
Father's Name <i>Charles E. Witzel</i>		✓		Father's Birthplace <i>Liberty</i>	
Mother's Maiden Name <i>Bessie E. Young</i>				Mother's Birthplace <i>Frederick</i>	
Name of person giving information <i>Charles E. Witzel</i>				How related to deceased <i>Father</i>	

CAUSES OF DEATH

151

PHYSICIAN
OR CORONER

Primary <i>Mal Nutrition</i>	How long <i>Six weeks</i>
Immediate <i>Exhaustion</i>	How long <i>Weeks</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>Saffington O. Pears</i>
	Address <i>Unionville Md.</i>
Accident or Suicide?	



Name in Full		Certificate of Death			
Mary Jane C. Zimmerman		Town Frederick		County Frederick	
Died at		Date of death		Maryland	
Month 7		Day 31		Years 77	
Sex Female		Color or Race White		Birth-place Frederick	
Occupation House Wife		Where Residing if not at place of death Same		Months 6	
Married, Single or Widowed Widow		Name of Wife or Husband Geo. F. S. Zimmerman		Days 19	
Father's Name Harry Herring		Father's Birthplace Frederick Co. Md.			
Mother's Maiden Name Caroline Houch		Mother's Birthplace " " "			
Name of person giving information Fannie Zimmerman		How related to deceased Daughter			
CAUSES OF DEATH					
Primary Old age.		How long Gradual.		154	
Immediate General Debility		How long Gradual.			
Are the name, age, sex, color, date and place correctly given above? yes		Signature of Physician J. B. Johnson.		Address Frederick Md.	
Accident or Suicide? no					

Interment July 7 - 08

" at Mt. Olivet.

Thomas P. Reice Exd.

Dr T. B. Johnson

Dr Mc Murdy,